

# R430-100 Child Care Center Rule Interpretation Manual Updates

13 March 2008

Changes are underlined and **bolded** in **purple** in the right-hand column.

5/7/05 Version	3/13/08 Version
<b>R430-100-4. INDOOR ENVIRONMENT.</b>	
<p><b>(6) Infant and toddler areas shall not be used as access to other areas or rooms.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Infants need quiet, calm environments, away from the stimulation of older children. In addition to this developmental need, separation of infants from older children and non-caregiving adults is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114</i></p> <p><i>In addition to the increased risk of spreading disease, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the center.</i></p> <p><u><b>Enforcement</b></u></p> <p><i>This rule does not apply to closets in an infant room that are used to store infant equipment and materials, or to other storage closets that are not accessed by others outside the infant room when children are in care.</i></p>	<p><b>(6) Infant and toddler areas shall not be used as access to other areas or rooms.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Infants need quiet, calm environments, away from the stimulation of older children. In addition to this developmental need, separation of infants from older children and non-caregiving adults is important for reasons of disease prevention. Rates of hospitalization for all forms of acute infectious respiratory tract diseases are highest during the first year of life. Since most respiratory infections are spread from older children or adults to infants, exposure of infants to older children should be restricted, in order to limit infants' exposure to respiratory tract viruses and bacteria. CFOC, pg. 54 Standard 2.103; pg. 236 Standard 5.114</i></p> <p><i>In addition to the increased risk of spreading disease, infants and toddlers could be stepped on, knocked over, or otherwise hurt by adults or children going through the room to get to another area of the center.</i></p> <p><u><b>Enforcement</b></u></p> <p><u><b><i>This rule is meant to address infant and toddler areas being used as access to other areas or rooms outside of the area/room used by the infants and toddlers. It is not meant to address one group of infants or toddlers accessing an area used by another group of infants or toddlers. For example, it does not prohibit a group of toddlers from walking through an adjacent toddler area to access a restroom or a door to the playground.</i></b></u></p> <p><i>This rule does not apply to closets in an infant <b>or toddler</b> room that are used to store infant/<b>toddler</b> equipment and materials, or to other storage closets that are not accessed by others outside the infant <b>or toddler</b> room when children are in care.</i></p>

5/7/05 Version	3/13/08 Version
<i>Always Level 1 Noncompliance.</i>	<i>Always Level 1 Noncompliance.</i>
<p data-bbox="128 232 940 297"><b>(7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.</b></p> <p data-bbox="128 337 394 370"><u><b>Rationale / Explanation</b></u></p> <p data-bbox="128 407 1026 678"><i>The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. CFOC, pgs. 197-198 Standard 5.027</i></p> <p data-bbox="128 719 1031 816"><i>Screening windows used for ventilation is important to prevent insects or rodents which may bite, sting, or carry disease from getting into the building. CFOC, pg. 193 Standard 5.015.</i></p> <p data-bbox="128 857 1005 1027"><i>While not required by licensing rules, the American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, pg. 193 Standard 5.014</i></p> <p data-bbox="128 1068 1037 1166"><i>Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.</i></p> <p data-bbox="128 1206 279 1239"><u><b>Enforcement</b></u></p>	<p data-bbox="1060 232 1873 297"><b>(7) All rooms and occupied areas in the building shall be ventilated by windows that open and have screens or by mechanical ventilation.</b></p> <p data-bbox="1060 337 1327 370"><u><b>Rationale / Explanation</b></u></p> <p data-bbox="1060 407 1961 678"><i>The health and well-being of both staff and children can be affected by the quality of air indoors. The air that people breathe inside a building is contaminated with organisms shared among occupants, and is sometimes more polluted than the outdoor air. Young children may be more affected than adults by air pollution. Children who spend long hours breathing contaminated or polluted indoor air are more likely to develop respiratory problems, allergies, and asthma. Air circulation is essential to clear infectious disease agents, odors, and toxic substances in the air. CFOC, pgs. 197-198 Standard 5.027</i></p> <p data-bbox="1060 719 1967 816"><i>Screening windows used for ventilation is important to prevent insects or rodents which may bite, sting, or carry disease from getting into the building. CFOC, pg. 193 Standard 5.015.</i></p> <p data-bbox="1060 857 1967 1027"><del><i>While not required by licensing rules, the American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, pg. 193 Standard 5.014</i></del></p> <p data-bbox="1060 1068 1971 1166"><i>Signs of inadequate ventilation can include mold growing in corners, a damp or musty smell, or a room with a temperature that varies greatly from the temperature of other rooms in the building.</i></p> <p data-bbox="1060 1206 1211 1239"><u><b>Enforcement</b></u></p> <p data-bbox="1060 1279 1936 1377"><del><i>If a window on a second floor is opened and not screened, or if a first floor window in a room with mobile infants, toddlers, or preschoolers is opened more than 5" and not screened, this would fall under R430-8(4), not this rule.</i></del></p> <p data-bbox="1060 1417 1919 1450"><i>If a room without mechanical ventilation has more than one window, at least one</i></p>

5/7/05 Version	3/13/08 Version
<p><i>If a room without mechanical ventilation has more than one window, at least one window must be openable for ventilation, and have a screen.</i></p> <p><i>Level 1 Noncompliance: If a window that is opened on a second floor or higher is not screened, or if a first floor window that is opened in a room with mobile infants, toddlers, or preschoolers is not screened.</i></p> <p><i>Level 2 Noncompliance: If there is not mechanical ventilation and a room does not have at least one window that opens. Or, if a first floor window in a room with only non-mobile infants or school age children is not screened.</i></p>	<p><i>window must be openable for ventilation, and have a screen.</i></p> <p><b><u>Always Level 2 Noncompliance.</u></b></p>
<p><b>(10) Windows, glass doors, and glass mirrors within 36 inches from the floor shall be made of safety glass, or have a protective guard.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from broken glass. The purpose of this rule is to keep children from accidentally breaking and being cut by a glass window, door, or mirror that is low enough for them to run into it. CFOC, pg. 193 Standard 5.016</i></p> <p><b><u>Enforcement</u></b></p> <p><i>There are several ways centers can meet this rule. If glass is not marked by the manufacturer as safety glass, and if no documentation verifying this is available from the manufacturer, a center can take other measures to comply with this rule. Centers can use child furniture, such as book or toy shelf, as a protective guard in front of the window. When windows are set into the wall, so that there is a window sill, a child safety gate can be put in the window sill to act as a protective guard. There is also a protective film available that can be put on windows to prevent them from shattering into loose shards if they break. One example of this kind of film can be found at:  <a href="http://www.filmtechnologies.com/safety-sec.asp?section=safety">http://www.filmtechnologies.com/safety-sec.asp?section=safety</a></i></p> <p><i>Always Level 2 Noncompliance.</i></p>	<p><b>(10) Windows, glass doors, and glass mirrors within 36 inches from the floor shall be made of safety glass, or have a protective guard.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Glass panels can be invisible to an active child. When a child collides with a glass panel, serious injury can result from broken glass. The purpose of this rule is to keep children from accidentally breaking and being cut by a glass window, door, or mirror that is low enough for them to run into it. CFOC, pg. 193 Standard 5.016</i></p> <p><b><u>Enforcement</u></b></p> <p><i>There are several ways centers can meet this rule. If glass is not marked by the manufacturer as safety glass, and if no documentation verifying this is available from the manufacturer, a center can take other measures to comply with this rule. Centers can use child furniture, such as a book or toy shelf, as a protective guard in front of the window. When windows are set into the wall, so that there is a window sill, a child safety gate can be put in the window sill to act as a protective guard. <b><u>Centers can put a sheet of acrylic over the glass.</u></b> There is also a protective film available that can be put on windows to prevent them from shattering into loose shards if they break. <b><u>If protective film is used, the center needs documentation from the manufacturer that it meets CPSC guidelines.</u></b></i></p> <p><i>Always Level 2 Noncompliance.</i></p>

5/7/05 Version	3/13/08 Version
<b>R430-100-5. CLEANING AND MAINTENANCE.</b>	
<p><b>(1) The provider shall maintain a clean and sanitary environment.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>A clean and sanitary environment helps to prevent the spread of communicable diseases. This includes walls, floors, furniture, fixtures, and equipment. Children will touch any surface they can reach, including floors, which means that all surfaces in a child care facility can become contaminated and spread infectious disease agents. Bacterial cultures of surfaces in child care centers have shown fecal contamination. Regular and thorough cleaning of rooms prevents the spread of diseases. Many communicable diseases can be prevented through appropriate hygiene and sanitation procedures. CFOC, pg. 104 Standard 3.028</i></p> <p><i>Disease-causing agents may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or by touching a contaminated object or surface. Respiratory tract secretions that contain viruses which contaminate surfaces remain infectious for variable periods of time, and infections have been spread by touching articles and surfaces contaminated with infectious respiratory secretions. CFOC, pg. 104 Standard 3.028</i></p> <p><i>Developing a cleaning schedule that delegates responsibility to specific staff members helps to ensure that the facility is properly cleaned on a regular basis. CFOC, pg. 273 Standard 5.228</i></p> <p><i>It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of foodborne illness have occurred in child care settings. Many of these can be prevented through appropriate cleaning and sanitizing. CFOC, pg. 178 Standard 4.061</i></p> <p><i>It is recommended, though not required by rule, that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and are difficult to completely clean and sanitize in between cleaning different surfaces. CFOC, pg. 178 Standard 4.061</i></p> <p><i>Cracked or porous surfaces cannot be kept clean and sanitary, because they trap</i></p>	<p><b>(1) The provider shall maintain a clean and sanitary environment.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>A clean and sanitary environment helps to prevent the spread of communicable diseases. This includes walls, floors, furniture, fixtures, and equipment. Children will touch any surface they can reach, including floors, which means that all surfaces in a child care facility can become contaminated and spread infectious disease agents. Bacterial cultures of surfaces in child care centers have shown fecal contamination. Regular and thorough cleaning of rooms prevents the spread of diseases. Many communicable diseases can be prevented through appropriate hygiene and sanitation procedures. CFOC, pg. 104 Standard 3.028</i></p> <p><i>Disease-causing agents may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or by touching a contaminated object or surface. Respiratory tract secretions that contain viruses which contaminate surfaces remain infectious for variable periods of time, and infections have been spread by touching articles and surfaces contaminated with infectious respiratory secretions. CFOC, pg. 104 Standard 3.028</i></p> <p><i>Developing a cleaning schedule that delegates responsibility to specific staff members helps to ensure that the facility is properly cleaned on a regular basis. CFOC, pg. 273 Standard 5.228</i></p> <p><i>It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of foodborne illness have occurred in child care settings. Many of these can be prevented through appropriate cleaning and sanitizing. CFOC, pg. 178 Standard 4.061</i></p> <p><i>It is recommended, though not required by rule, that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and are difficult to completely clean and sanitize in between cleaning different surfaces. CFOC, pg. 178 Standard 4.061</i></p> <p><i>Cracked or porous surfaces cannot be kept clean and sanitary, because they trap</i></p>

5/7/05 Version	3/13/08 Version
<p><i>organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, pg. 171 Standard 4.045; pgs. 218-219 Standard 5.079</i></p> <p><i>Torn furniture with stuffing or foam exposed must be repaired, because it cannot be kept clean and sanitary. CFOC, pg. 107 Standard 3.034</i></p> <p><i>Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites lives in carpeting and fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, pgs. 107-108 Standard 3.034</i></p>	<p><i>organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, pg. 171 Standard 4.045; pgs. 218-219 Standard 5.079</i></p> <p><i>Torn furniture with stuffing or foam exposed must be repaired, because it cannot be kept clean and sanitary. CFOC, pg. 107 Standard 3.034</i></p> <p><i>Many allergic children have allergies to dust mites, which are microscopic insects that ingest the tiny particles of skin that people shed normally every day. Dust mites lives in carpeting and fabric, but can be killed by frequent washing and drying in a heated dryer. CFOC, pgs. 107-108 Standard 3.034</i></p>
<p><b><u>Enforcement</u></b></p> <p><i>A certain amount of mess is normal when caring for active children. In enforcing this rule, licensors will need to distinguish between messes made today (as the consequence of an activity today), and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.</i></p> <p><i>This rule is cited only when there is no other more specific rule that applies to the cleanliness of the environment.</i></p> <p><i>Level 2 Noncompliance: If there are any of the following:</i></p> <ul style="list-style-type: none"> <li><i>rotting food or a buildup of food on a surface</i></li> <li><i>a slippery spill on a floor</i></li> <li><i>mold growing</i></li> <li><i>a visible buildup of dirt, soil, grime, etc. that germs could grow in</i></li> <li><i>a buildup of dust, cobwebs, or bugs, or carpets in need of cleaning, when there is a child with asthma or another known respiratory condition enrolled in the group.</i></li> </ul> <p><i>Level 3 Noncompliance: If there are any of the following:</i></p> <ul style="list-style-type: none"> <li><i>a buildup of dust, cobwebs, or bugs, or carpets in need of cleaning, but there is no child with asthma or another known respiratory condition enrolled in the group.</i></li> <li><i>flooring or furniture that is damaged such that it cannot be effectively cleaned and sanitized.</i></li> </ul>	<p><b><u>Enforcement</u></b></p> <p><i>A certain amount of mess is normal when caring for active children. In enforcing this rule, licensors will need to distinguish between messes made today (as the consequence of an activity today), and a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow.</i></p> <p><i>This rule is cited only when there is no other more specific rule that applies to the cleanliness of the environment.</i></p> <p><i>Level 2 Noncompliance: If there are any of the following:</i></p> <ul style="list-style-type: none"> <li><i>rotting food or a buildup of food on a surface</i></li> <li><i>a slippery spill on a floor</i></li> <li><i>mold growing</i></li> <li><i>a visible buildup of dirt, soil, grime, etc. that germs could grow in</i></li> <li><i>a buildup of <del>dust</del>, cobwebs, bugs, or carpets in need of cleaning, when there is a child with asthma or another known respiratory condition enrolled in the group.</i></li> </ul> <p><i>Level 3 Noncompliance: If there are any of the following:</i></p> <ul style="list-style-type: none"> <li><i>a buildup of <del>dust</del>, cobwebs, bugs, or carpets in need of cleaning, but there is no child with asthma or another known respiratory condition enrolled in the group.</i></li> <li><i><b><u>furniture that is damaged such that it cannot be effectively cleaned and sanitized. For example, a high chair with a torn vinyl seat and</u></b></i></li> </ul>

5/7/05 Version	3/13/08 Version
	<p><u>exposed foam padding.</u></p> <ul style="list-style-type: none"> <li>• <u>damaged flooring or fixtures in restrooms that cannot be sanitized, such as torn or peeling linoleum, missing tiles, or a duct-taped broken toilet tank lid.</u></li> </ul>
<p>(3) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other vermin.</p> <p><u>Rationale / Explanation</u></p> <p><i>Insects, rodents, and vermin carry disease, and may also sting or bite children. The purpose of this rule is to reduce these potential hazards to children. CFOC, pg. 193 Standard 5.015; pg. 214 Standard 5.070</i></p> <p><i>Some insect and rodent feces can also trigger asthma attacks in children.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If there is a problem with insects, rodents, or other vermin, and the provider can show they have scheduled an exterminator and are doing extra cleaning if necessary to keep the environment as safe as possible until that time, the Licensor will follow up to see if this is done by the scheduled date before citing it.</i></p> <p><i>Level 2 Noncompliance: If insects, rodents, or other vermin are visibly present in the facility, or droppings are found in a food delivery, storage, preparation, or eating area, or in areas accessible to children.</i></p> <p><i>Level 3 Noncompliance: If there are minimal droppings, insects, etc., and they are not in a food area, or are in an area not normally accessed by children.</i></p>	<p>(3) The provider shall take safe and effective measures to prevent and eliminate the presence of insects, rodents, and other vermin.</p> <p><u>Rationale / Explanation</u></p> <p><i>Insects, rodents, and vermin carry disease, and may also sting or bite children. The purpose of this rule is to reduce these potential hazards to children. CFOC, pg. 193 Standard 5.015; pg. 214 Standard 5.070</i></p> <p><i>Some insect and rodent feces can also trigger asthma attacks in children.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If there is a problem with insects, rodents, or other vermin, and the provider can show they have scheduled an exterminator and are doing extra cleaning if necessary to keep the environment as safe as possible until that time, the Licensor will follow up to see if this is done by the scheduled date before citing it.</i></p> <p><b><u>Level 1 Noncompliance: If there are beehives or wasp's nests in the outdoor play area, and there are children in care who are allergic to bee or wasp stings.</u></b></p> <p><i>Level 2 Noncompliance: If insects, rodents, or other vermin are visibly present in the facility, or droppings are found in a food delivery, storage, preparation, or eating area, or in areas accessible to children. <b><u>Or, if there are beehives or wasp's nests in the outdoor play area, but there are no children in care who are allergic to bee or wasp stings.</u></b></i></p> <p><i>Level 3 Noncompliance: If there are minimal droppings, insects, etc., and they are not in a food area, or are in an area not normally accessed by children.</i></p>

5/7/05 Version	3/13/08 Version
<b>R430-100-6. OUTDOOR ENVIRONMENT.</b>	
<p><b>(8) The outdoor play area shall be free of trash, animal excrement, harmful plants, objects, or substances, and standing water.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to prevent injury to children and the spread of disease.</i></p> <p><i>Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 262-263 Standard 5.194</i></p> <p><i>Examples of harmful objects and substances include: broken toys or equipment, equipment with rusty or sharp edges, wood with splinters, glass, tools, lawn mowers, pesticides, fertilizers, and any other object labeled “keep out of reach of children.”</i></p> <p><i>Standing water is a drowning hazard. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding grounds for mosquitos, which can spread disease. CFOC, pgs. 112-113, Standard 3.045; pg. 266 Standard 5.202</i></p> <p><u><b>Enforcement</b></u></p> <p><i>If dangerous items accessible to children are listed in R430-100-12(4), cite that rule, not this one. This rule should be used for dangerous items not specifically mentioned in other rules.</i></p> <p><i>For the purposes of this rule:</i></p> <ul style="list-style-type: none"> <li>• <i>Trash means a buildup of trash, not a few pieces of paper garbage.</i></li> <li>• <i>Animal excrement does not include isolated bird droppings.</i></li> <li>• <i>Standing water includes wading pools when not in use and supervised, and buckets or other containers of water a child’s head could fit in (unless small containers are being used as part of a supervised project, such as painting on the sidewalk with water).</i></li> <li>• <i>Harmful objects include:</i></li> </ul>	<p><b>(8) The outdoor play area shall be free of trash, animal excrement, harmful plants, objects, or substances, and standing water.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to prevent injury to children and the spread of disease.</i></p> <p><i>Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 262-263 Standard 5.194</i></p> <p><i>Examples of harmful objects and substances include: broken toys or equipment, equipment with rusty or sharp edges, wood with splinters, glass, tools, <del>lawn mowers</del>, pesticides, fertilizers, and any other object labeled “keep out of reach of children.”</i></p> <p><i>Standing water is a drowning hazard. Small children can drown within 30 seconds in as little as 2 inches of water. In addition, standing water is breeding grounds for mosquitos, which can spread disease. CFOC, pgs. 112-113, Standard 3.045; pg. 266 Standard 5.202</i></p> <p><u><b>Enforcement</b></u></p> <p><i>If dangerous items accessible to children are listed in R430-100-12(4), cite that rule, not this one. This rule should be used for dangerous items not specifically mentioned in other rules.</i></p> <p><i>For the purposes of this rule:</i></p> <ul style="list-style-type: none"> <li>• <i>Trash means a buildup of trash, not a few pieces of paper garbage.</i></li> <li>• <i>Animal excrement does not include isolated bird droppings.</i></li> <li>• <i>Standing water includes wading pools when not in use and supervised, and buckets or other containers of water a child’s head could fit in (unless small containers are being used as part of a supervised project, such as painting on the sidewalk with water).</i></li> <li>• <i>Harmful objects include:</i></li> </ul>

5/7/05 Version	3/13/08 Version
<ul style="list-style-type: none"> <li>– Animal swings.</li> <li>– Unanchored swings or unanchored large metal slides.</li> <li>– Sharp objects such as exposed nails or screws.</li> </ul> <ul style="list-style-type: none"> <li>• Dangerous substances include anything toxic (gasoline, pesticides, fertilizer, paint thinner, etc.), including anything with a warning label on the container that says keep out of reach of children.</li> </ul> <p>Level 1 Noncompliance: If there are toxic substances accessible to children; metal animal swings; unanchored swings or large metal slides; or sharp objects in the outdoor play area.</p> <p>Level 2 Noncompliance: For any other safety hazard in the outdoor play area.</p> <p>Level 3 Noncompliance: For a buildup of trash in the outdoor play area.</p>	<ul style="list-style-type: none"> <li>– Animal swings.</li> <li>– Unanchored swings or unanchored large metal slides.</li> <li>– Sharp objects such as exposed nails or screws.</li> <li>– <u>A rope or cord attached to a structure, that a child could strangle on (this does not include ropes used to suspend swings).</u></li> </ul> <ul style="list-style-type: none"> <li>• Dangerous substances include anything toxic (gasoline, pesticides, fertilizer, paint thinner, etc.), including anything with a warning label on the container that says keep out of reach of children.</li> </ul> <p>Level 1 Noncompliance: If there are toxic substances accessible to children; metal animal swings; unanchored swings or large metal slides; or sharp objects in the outdoor play area.</p> <p>Level 2 Noncompliance: For any other safety hazard in the outdoor play area.</p> <p>Level 3 Noncompliance: For a buildup of trash in the outdoor play area.</p>
<p><b>13(a) All stationary play equipment used by infants and toddlers shall meet the following requirements:</b></p> <p>(viii) Swings shall have enclosed seats.</p> <p><u>Rationale / Explanation</u></p> <p><i>This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to infants and toddlers from falling out of a swing.</i></p> <p><u>Enforcement</u></p>	<p><b>13(a) All stationary play equipment used by infants and toddlers shall meet the following requirements:</b></p> <p>(viii) Swings shall have enclosed seats.</p> <p><u>Rationale / Explanation</u></p> <p><i>This rule is based on guidelines from the Consumer Product Safety Commission, which are intended to prevent injury to infants and toddlers from falling out of a swing.</i></p> <p><u>Enforcement</u></p> <p><u>An enclosed seat means a bucket seat, as specified by CPSC. Below are pictures of two acceptable enclosed seats. The seat on the right has a T-strap that goes between the child's legs.</u></p>

5/7/05 Version	3/13/08 Version
<p><i>Always Level 1 Noncompliance.</i></p>	<div data-bbox="1119 220 1570 529" data-label="Image"> </div> <div data-bbox="1654 207 1915 574" data-label="Image"> </div> <p><i>Always Level 1 Noncompliance.</i></p>
<p><b>13(g) If wood products are used as cushioning material:</b>  <b>(ii) there shall be adequate drainage under the material.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitos. CFOC, pg. 190 Standard 5.005</i></p> <p><u><b>Enforcement</b></u></p> <p><i>Licensors should check for two signs of inadequate draining under wood cushioning products:</i></p> <ul style="list-style-type: none"> <li><i>If, when the licensor digs a hole to measure depth, water pools in the hole, or there is frozen ice in the hole.</i></li> <li><i>If, when the licensor digs a hole to measure depth, he or she finds mold growing in the cushioning.</i></li> </ul> <p><i>Always Level 2 Noncompliance.</i></p>	<p><b>13(g) If wood products are used as cushioning material:</b>  <b>(ii) there shall be adequate drainage under the material.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Inadequate drainage under wood cushioning material can result in trapped water freezing, which makes the material unable to absorb the impact from falls. It can also lead to the growth of bacteria, mold, and the breeding of mosquitos. CFOC, pg. 190 Standard 5.005</i></p> <p><u><b>Enforcement</b></u></p> <p><i><b>Adequate drainage will be assessed by digging into the wood product. If one of the following happens when the wood product is dug into, it means there is not adequate drainage under the wood:</b></i></p> <ul style="list-style-type: none"> <li><i><b>Water fills the hole that has been dug.</b></i></li> <li><i><b>In freezing weather, frozen water forms an ice block under the material.</b></i></li> <li><i><b>There is mold growing in the material.</b></i></li> </ul> <p><i>Always Level 2 Noncompliance.</i></p>
<p><b>(14) The provider shall maintain playgrounds and playground equipment to protect children's safety.</b></p>	<p><b>(14) The provider shall maintain playgrounds and playground equipment to protect children's safety.</b></p>

5/7/05 Version	3/13/08 Version
<p><u>Rationale / Explanation</u></p> <p>Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 216-217 Standard 5.075; pgs. 262-263 Standard 5.194, 5.196</p> <p>Adequate maintenance includes the following:</p> <ul style="list-style-type: none"> <li>—•— Ensuring that there are no missing, bent, broken, or worn out components that could cause equipment to fail.</li> <li>—•— Ensuring that all hardware is secure, and there are no missing nuts or bolts.</li> <li>—•— Ensuring that equipment does not have excessive wear that could cause the equipment, or a component of it, to fail.</li> <li>—•— Ensuring that metal is not rusted or corroded to the point that it could cause the structure to fail.</li> <li>—•— Ensuring that wood is not rough or splintery.</li> <li>—•— Ensuring that all equipment and equipment parts are stable.</li> <li>—•— Ensuring that protective cushioning material (sand, gravel, or shredded tires) is periodically loosened as needed.</li> </ul> <p><u>Enforcement</u></p>	<p><u>Rationale / Explanation</u></p> <p>Proper maintenance of playgrounds and playground equipment is a key factor in ensuring a safe play environment for children. Each playground is unique and requires a routine maintenance check program developed specifically for that playground. CFOC, pgs. 216-217 Standard 5.075; pgs. 262-263 Standard 5.194, 5.196</p> <p><u><i>This paragraph was moved to the Enforcement heading below.</i></u></p> <p><u>Enforcement</u></p> <p>Adequate maintenance includes the following:</p> <ul style="list-style-type: none"> <li>• Ensuring that there are no missing, bent, broken, or worn out components that could cause equipment to fail.</li> <li>• Ensuring that all hardware is secure, and there are no missing nuts or bolts.</li> <li>• Ensuring that equipment does not have excessive wear that could cause the equipment, or a component of it, to fail.</li> <li>• Ensuring that metal is not rusted or corroded to the point that it could cause the structure to fail.</li> <li>• Ensuring that wood is not rough or splintery.</li> <li>• Ensuring that all equipment and equipment parts are stable.</li> <li>• Ensuring that protective cushioning material (sand, gravel, or shredded tires) is periodically loosened as needed.</li> </ul>

5/7/05 Version	3/13/08 Version
<p><i>Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.</i></p> <p><i>Level 1 Noncompliance: If the lack of maintenance could cause equipment failure.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>	<p><i>Compaction of protective cushioning occurs when sand or gravel becomes packed and hard, so that it does not provide adequate cushioning. This is different than compaction of shredded wood products. Compaction of shredded wood products is desirable, as it actually improves the cushioning ability of the material.</i></p> <p><i>Level 1 Noncompliance: If the lack of maintenance could cause equipment failure.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>
<b>R430-100-7. PERSONNEL.</b>	
<p>(7) Each new caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:</p> <ul style="list-style-type: none"> <li>(a) job description and duties;</li> <li>(b) the center's written policies and procedures;</li> <li>(c) the center's emergency and disaster plan;</li> <li>(d) child care licensing rules for: <ul style="list-style-type: none"> <li>(i) Supervision and Ratios. R430-100-11;</li> <li>(ii) Injury Prevention. R430-100-12;</li> <li>(iii) Parent Notification and Child Security. R430-100-13;</li> <li>(iv) Child Health. 430-100-14;</li> <li>(v) Child Nutrition. R430-100-15;</li> <li>(vi) Infection Control. R430-100-16;</li> <li>(vii) Medications. R430-100-17;</li> <li>(viii) Napping. R430-100-18;</li> <li>(ix) Child Discipline. R430-100-19;</li> <li>(x) Activities. R430-100-20;</li> <li>(xi) Transportation, R430-100-21, if the center provides transportation;</li> <li>(xii) Animals, R430-100-22, if the center permits animals;</li> <li>(xiii) Diapering, R430-100-23, if the center diapers children; and</li> <li>(xiv) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.</li> </ul> </li> <li>(e) introduction and orientation to the children assigned to the caregiver;</li> <li>(f) a review of the information in the health assessment for each child in their assigned group;</li> </ul>	<p>(7) Each new caregiver, assistant caregiver, and volunteer shall receive orientation training prior to assuming caregiving duties. Orientation training shall be documented in the caregiver's file and shall include the following topics:</p> <ul style="list-style-type: none"> <li>(a) job description and duties;</li> <li>(b) the center's written policies and procedures;</li> <li>(c) the center's emergency and disaster plan;</li> <li>(d) child care licensing rules for: <ul style="list-style-type: none"> <li>(i) Supervision and Ratios. R430-100-11;</li> <li>(ii) Injury Prevention. R430-100-12;</li> <li>(iii) Parent Notification and Child Security. R430-100-13;</li> <li>(iv) Child Health. 430-100-14;</li> <li>(v) Child Nutrition. R430-100-15;</li> <li>(vi) Infection Control. R430-100-16;</li> <li>(vii) Medications. R430-100-17;</li> <li>(viii) Napping. R430-100-18;</li> <li>(ix) Child Discipline. R430-100-19;</li> <li>(x) Activities. R430-100-20;</li> <li>(xi) Transportation, R430-100-21, if the center provides transportation;</li> <li>(xii) Animals, R430-100-22, if the center permits animals;</li> <li>(xiii) Diapering, R430-100-23, if the center diapers children; and</li> <li>(xiv) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.</li> </ul> </li> <li>(e) introduction and orientation to the children assigned to the caregiver;</li> <li>(f) a review of the information in the health assessment for each child in their assigned group;</li> </ul>

5/7/05 Version	3/13/08 Version
<ul style="list-style-type: none"> <li>(g) procedure for releasing children to authorized individuals only;</li> <li>(h) proper clean up of body fluids;</li> <li>(i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;</li> <li>(j) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.</li> <li>(k) If the center provides infant care, new caregiver orientation training topics shall also include: <ul style="list-style-type: none"> <li>(i) preventing shaken baby syndrome and coping with crying babies; and</li> <li>(ii) preventing sudden infant death syndrome.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>(g) procedure for releasing children to authorized individuals only;</li> <li>(h) proper clean up of body fluids;</li> <li>(i) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;</li> <li>(j) obtaining assistance in emergencies, as specified in the center's emergency and disaster plan.</li> <li>(k) If the center provides infant care, new caregiver orientation training topics shall also include: <ul style="list-style-type: none"> <li>(i) preventing shaken baby syndrome and coping with crying babies; and</li> <li>(ii) preventing sudden infant death syndrome.</li> </ul> </li> </ul>
<p><u><b>Rationale / Explanation</b></u></p> <p><i>The purpose of this rule is to ensure that all new staff members receive basic training for the work they will be doing, and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC, pgs. 17-19 Standard 1.023</i></p> <p><u><b>Enforcement</b></u></p>	<p><u><b>Rationale / Explanation</b></u></p> <p><i>The purpose of this rule is to ensure that all new staff members receive basic training for the work they will be doing, and understand their duties and responsibilities. Because of frequent staff turnover in the child care field, it is essential that the health and safety of children in care are protected by not leaving new caregivers alone with children until they have completed basic orientation training. CFOC, pgs. 17-19 Standard 1.023</i></p> <p><u><b>Enforcement</b></u></p> <p><u><i>Centers may have up to 5 working days after a new caregiver starts work to complete the required orientation training, provided the new caregiver is never left alone with children until after he or she has completed all of the required orientation training.</i></u></p> <p><u><i>Van drivers and cooks need to complete orientation training, because they interact with children and because specific health and safety rules apply to their work. They do not need to complete the annual training required in Subsection 8 below, unless they help out a classroom at any time. If they help out in a classroom at any time, they are considered caregivers and must also complete the required annual training. Secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete orientation or annual training, unless they also help out a classroom at any</i></u></p>

5/7/05 Version	3/13/08 Version
<p><i>Level 2 Noncompliance: If a new caregiver does not have orientation training, or documentation of orientation training, in:</i></p> <ul style="list-style-type: none"> <li>• the center's emergency and disaster plan (c).</li> <li>• the child care licensing rules for: <ul style="list-style-type: none"> <li>– supervision and ratios (d)(i).</li> <li>– injury prevention (d)(ii).</li> <li>– parent notification and child security (d)(iii).</li> <li>– child health (d)(iv).</li> <li>– infection control (d)(vi).</li> <li>– medications (d)(vii).</li> <li>– napping (d)(viii).</li> <li>– child discipline (d)(ix).</li> <li>– transportation (d)(xi).</li> <li>– diapering (d)(xiii).</li> <li>– infant and toddler care (d)(xiv).</li> </ul> </li> <li>• introduction and orientation to the children assigned to the caregiver (e).</li> <li>• a review of the information in the health assessment for each child in their assigned group (f).</li> <li>• procedures for releasing children to authorized individuals only (g).</li> <li>• proper clean up of body fluids (h).</li> <li>• signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation (i).</li> <li>• obtaining assistance in emergencies, as specified in the center's emergency and disaster plan (j).</li> <li>• SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants (k).</li> </ul> <p><i>Level 3 Noncompliance: If a new caregiver does not have orientation training, or documentation of orientation training, in:</i></p> <ul style="list-style-type: none"> <li>• job description and duties (a)</li> <li>• the center's written policies and procedures (b)</li> <li>• the child care licensing rules for: <ul style="list-style-type: none"> <li>– child nutrition (d)(v).</li> <li>– activities (d)(x).</li> </ul> </li> </ul>	<p><u>time.</u></p> <p><i>Level 2 Noncompliance: If a new caregiver does not have orientation training, or documentation of orientation training, in:</i></p> <ul style="list-style-type: none"> <li>• the center's emergency and disaster plan (c).</li> <li>• the child care licensing rules for: <ul style="list-style-type: none"> <li>– supervision and ratios (d)(i).</li> <li>– injury prevention (d)(ii).</li> <li>– parent notification and child security (d)(iii).</li> <li>– child health (d)(iv).</li> <li>– infection control (d)(vi).</li> <li>– medications (d)(vii).</li> <li>– napping (d)(viii).</li> <li>– child discipline (d)(ix).</li> <li>– transportation (d)(xi).</li> <li>– diapering (d)(xiii).</li> <li>– infant and toddler care (d)(xiv).</li> </ul> </li> <li>• introduction and orientation to the children assigned to the caregiver (e).</li> <li>• a review of the information in the health assessment for each child in their assigned group (f).</li> <li>• procedures for releasing children to authorized individuals only (g).</li> <li>• proper clean up of body fluids (h).</li> <li>• signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation (i).</li> <li>• obtaining assistance in emergencies, as specified in the center's emergency and disaster plan (j).</li> <li>• SIDS, coping with crying babies, and Shaken Baby Syndrome, if the center cares for infants (k).</li> </ul> <p><i>Level 3 Noncompliance: If a new caregiver does not have orientation training, or documentation of orientation training, in:</i></p> <ul style="list-style-type: none"> <li>• job description and duties (a)</li> <li>• the center's written policies and procedures (b)</li> <li>• the child care licensing rules for: <ul style="list-style-type: none"> <li>– child nutrition (d)(v).</li> <li>– activities (d)(x).</li> </ul> </li> </ul>

5/7/05 Version	3/13/08 Version
– <i>animals (d)(xii).</i>	– <i>animals (d)(xii).</i>
<p>(8) The center director and all caregivers shall complete a minimum of 20 hours of training each year, based on the center's license date.</p> <p>(a) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.</p> <p>(b) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicense date.</p> <p>(c) Annual training hours shall include the following topics:</p> <ul style="list-style-type: none"> <li>(i) a review of all of the current child care licensing rules for: <ul style="list-style-type: none"> <li>(A) Supervision and Ratios. R430-100-11;</li> <li>(B) Injury Prevention. R430-100-12;</li> <li>(C) Parent Notification and Child Security. R430-100-13;</li> <li>(D) Child Health. 430-100-14;</li> <li>(E) Child Nutrition. R430-100-15;</li> <li>(F) Infection Control. R430-100-16;</li> <li>(G) Medications. R430-100-17;</li> <li>(H) Napping. R430-100-18;</li> <li>(I) Child Discipline. R430-100-19;</li> <li>(J) Activities. R430-100-20;</li> <li>(K) Transportation, R430-100-21, if the center provides transportation;</li> <li>(L) Animals, R430-100-22, if the center permits animals;</li> <li>(M) Diapering, R430-100-23, if the center diapers children; and</li> <li>(N) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.</li> </ul> </li> <li>(ii) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;</li> <li>(iii) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;</li> <li>(iv) principles of child growth and development, including development of the brain; and</li> <li>(v) positive guidance.</li> </ul> <p>(d) If the center provides infant care, annual training topics for the center</p>	<p>(8) The center director and all caregivers shall complete a minimum of 20 hours of training each year, based on the center's license date.</p> <p>(a) Documentation of annual training shall be kept in each caregiver's file, and shall include the name of the training organization, the date, the training topic, and the total hours or minutes of training.</p> <p>(b) Caregivers who begin employment partway through the license year shall complete a proportionate number of training hours based on the number of months worked prior to the center's relicense date.</p> <p>(c) Annual training hours shall include the following topics:</p> <ul style="list-style-type: none"> <li>(i) a review of all of the current child care licensing rules for: <ul style="list-style-type: none"> <li>(A) Supervision and Ratios. R430-100-11;</li> <li>(B) Injury Prevention. R430-100-12;</li> <li>(C) Parent Notification and Child Security. R430-100-13;</li> <li>(D) Child Health. 430-100-14;</li> <li>(E) Child Nutrition. R430-100-15;</li> <li>(F) Infection Control. R430-100-16;</li> <li>(G) Medications. R430-100-17;</li> <li>(H) Napping. R430-100-18;</li> <li>(I) Child Discipline. R430-100-19;</li> <li>(J) Activities. R430-100-20;</li> <li>(K) Transportation, R430-100-21, if the center provides transportation;</li> <li>(L) Animals, R430-100-22, if the center permits animals;</li> <li>(M) Diapering, R430-100-23, if the center diapers children; and</li> <li>(N) Infant and Toddler Care, R430-100-24, if the center cares for infants or toddlers.</li> </ul> </li> <li>(ii) a review of the center's written policies and procedures and emergency and disaster plans, including any updates;</li> <li>(iii) signs and symptoms of child abuse and neglect, and legal reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation;</li> <li>(iv) principles of child growth and development, including development of the brain; and</li> <li>(v) positive guidance.</li> </ul> <p>(d) If the center provides infant care, annual training topics for the center</p>

5/7/05 Version	3/13/08 Version
<p>director and all infant and toddler caregivers shall also include:</p> <ul style="list-style-type: none"> <li>(i) preventing shaken baby syndrome and coping with crying babies; and</li> <li>(ii) preventing sudden infant death syndrome.</li> </ul> <p>(9) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.</p>	<p>director and all infant and toddler caregivers shall also include:</p> <ul style="list-style-type: none"> <li>(i) preventing shaken baby syndrome and coping with crying babies; and</li> <li>(ii) preventing sudden infant death syndrome.</li> </ul> <p>(9) A minimum of 10 hours of the required annual in-service training shall be face-to-face instruction.</p>
<p><u>Rationale / Explanation</u></p> <p><i>The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056</i></p> <p><i>Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034</i></p>	<p><u>Rationale / Explanation</u></p> <p><i>The American Academy of Pediatrics and the American Public Health Association recommend that all directors and caregivers complete 30 clock hours each year of ongoing training. Research has demonstrated that the training and education of the caregiver has a direct impact on the quality of care children receive. Caregivers who are better trained are better able to prevent, recognize, and correct health and safety problems. Caregivers are also more likely to avoid abusive discipline practices if they are well-informed about effective, non-abusive methods for managing children's behaviors. CFOC, pgs. 24-25 Standard 1.029; pgs. 9-10 Standards 1.010, 1.011, 1.012; pgs. 27-28 Standard 1.032; pg. 41 Standard 1.053; pgs. 75-76 Standards 2.061, 2.064; pg. 117 Standard 3.056</i></p> <p><i>Accurate and complete training records are needed to track staff training and monitor compliance with this rule. CFOC, pg. 29 Standard 1.034</i></p>
<p><u>Enforcement</u></p> <p><i>Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.</i></p> <p><i>In-house training conducted at staff meetings can be documented in a log that includes all of the required information. Training from outside sources, such as CCR&amp;R or outside workshops or conferences, must have a certificate or other</i></p>	<p><u>Enforcement</u></p> <p><u><i>Van drivers, cooks, secretaries, receptionists, bookkeepers, custodians, and maintenance workers do not need to complete annual training, unless they help out in a classroom at any time.</i></u></p> <p><i>Training conducted at in-house staff meetings may be counted toward the total required training hours. However, only that portion of the staff meeting during which training was given (as opposed to business matters, such as assigning tasks or work schedules, etc.) can be counted as required training hours.</i></p> <p><i>In-house training conducted at staff meetings may be documented in a log that includes all of the required information. Training from outside sources, such as CCR&amp;R or outside workshops or conferences, must have a certificate or other</i></p>

5/7/05 Version	3/13/08 Version
<p>documentation from the agency delivering the training.</p> <p>For caregivers who begin working partway through the licensing year, they must have completed an average of 1 hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a new employee's first year of employment can count toward their hours of required annual training for the first year.</p> <p>Level 2 Noncompliance: If a caregiver has not completed the required hours of training, and/or has not completed training in all of the required topics.</p> <p>Level 3 Noncompliance: If caregivers have documentation of receiving the required hours of training, including all topics, but the training documentation does not include all of the information required in the rule. Or, if they do not have 10 hours of face-to-face instruction.</p>	<p>documentation from the agency delivering the training. <u>College and high school students may count clock time spent in child development courses as hours of annual training</u></p> <p><u>Examples of face-to-face training include: time spent in center staff meeting trainings, conferences, and workshops. College and high school students may count clock time spent in child development courses as face-to-face training if the class is in-person (as opposed to online or take-home packets)</u></p> <p>For caregivers who begin working partway through the licensing year, they must have completed an average of 1 hour and 40 minutes of training for each full month of employment. Time spent in orientation training during a new employee's first year of employment can count toward their hours of required annual training for the first year.</p> <p>Level 2 Noncompliance: If a caregiver has not completed the required hours of training, and/or has not completed training in all of the required topics.</p> <p>Level 3 Noncompliance: If caregivers have documentation of receiving the required hours of training, including all topics, but the training documentation does not include all of the information required in the rule. Or, if they do not have 10 hours of face-to-face instruction.</p>
<b>R430-100-8. ADMINISTRATION.</b>	
<p>(11) The duties and responsibilities of the center director include the following:</p> <p>(b) train and supervise staff to:</p> <ul style="list-style-type: none"> <li>(i) ensure their compliance with this rule;</li> <li>(ii) ensure they meet the needs of the children in care as specified in this rule; and</li> <li>(iii) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.</li> </ul> <p><u>Rationale / Explanation</u></p> <p>The purpose of this rule is to ensure that all center staff have the training and ongoing supervision needed to ensure they protect children's health and safety as</p>	<p>(11) The duties and responsibilities of the center director include the following:</p> <p>(b) train and supervise staff to:</p> <ul style="list-style-type: none"> <li>(i) ensure their compliance with this rule;</li> <li>(ii) ensure they meet the needs of the children in care as specified in this rule; and</li> <li>(iii) ensure that children are not subjected to emotional, physical, or sexual abuse while in care.</li> </ul> <p><u>Rationale / Explanation</u></p> <p>The purpose of this rule is to ensure that all center staff have the training and ongoing supervision needed to ensure they protect children's health and safety as</p>

required in the licensing rules. CFOC, pgs. 17-19 Standard 1.023; pg. 21 Standard 1.025; pgs. 41-42 Standards 1.051, 1.052, 1.054, 1.055, 1.056

### **Enforcement**

*If staff are trained to report suspected child abuse and neglect to the director, and then either the director or the caregiver reports to CPS or the police, this is acceptable. It is also acceptable if the caregiver discusses the suspected abuse with the director prior to reporting, and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury, but the caregiver does not know about the fall, and suspects the injury may have resulted from abuse.*

*Level 1 Noncompliance: If caregivers are not adequately trained or supervised to prevent children from being subjected to abuse, or are not adequately trained or supervised to comply with any rule that has been identified as a Level 1 Noncompliance rule, and a child is harmed as a result of this. Check with the Bureau Director before citing.*

*Level 2 Noncompliance: If caregivers are not adequately trained or supervised to comply with any rule that has been identified as a Level 1 or 2 Noncompliance rule, but no child has been harmed as a result of this. Check with the Bureau Director before citing.*

*Level 3 Noncompliance: If caregivers are not adequately trained or supervised to comply with any rule that has been identified as a Level 3 Noncompliance rule, but no child has been harmed as a result of this. Check with the Bureau Director before citing.*

required in the licensing rules. CFOC, pgs. 17-19 Standard 1.023; pg. 21 Standard 1.025; pgs. 41-42 Standards 1.051, 1.052, 1.054, 1.055, 1.056

### **Enforcement**

*If staff are trained to report suspected child abuse and neglect to the director, **and then the director and caregiver together report to CPS or the police**, this is acceptable. It is also acceptable if the caregiver discusses the suspected abuse with the director prior to reporting, and the director and caregiver together conclude that it is not abuse. For example, if the director knows about a fall a child had that resulted in an injury, but the caregiver does not know about the fall, and suspects the injury may have resulted from abuse.*

**Level 1 Noncompliance: If a caregiver is not adequately trained or supervised to prevent children from being subjected to abuse and a child is abused while in care, or if a caregiver is not adequately trained or supervised to comply with any rule and a child is harmed as a result of this. Check with the Bureau Director before citing.**

**Level 3 Noncompliance otherwise. Check with the Bureau Director before citing.**

## **R430-100-9. RECORDS.**

- (1) The provider shall maintain the following records on-site for review by the Department:
- (a) documentation of the previous 12 months of fire and disaster drills as specified in R430-10(11)(12)(13)(14);
  - (b) current animal vaccination records as required in R430-100-22(3);
  - (c) a six week record of child attendance, including sign-in and sign-out records;
  - (d) all current variances granted by the Department;
  - (e) a current local health department inspection;

- (1) The provider shall maintain the following records on-site for review by the Department:
- (a) documentation of the previous 12 months of fire and disaster drills as specified in R430-10(11)(12)(13)(14);

### **Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg.*

- (f) a current local fire department inspection;
- (g) the most recent "Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care"; as required in R430-6-5(1).

### Rationale / Explanation

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057

### Enforcement

If a provider indicates they do not have (a), (b), or (g), cite the rule number listed in the actual rule item above, not R430-100-9..., as being out of compliance. If the provider indicates they have any of these records, but cannot find them during an on-site visit, cite this rule number [R430-9(1...)] only as being out of compliance. However, should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, both this rule R430-9(1...) and the applicable rule listed in the bulleted items above will be cited as out of compliance.

Level 2 Noncompliance: If any staff working at the center at the time of renewal were not listed on the "Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care" submitted for the center's renewal, as required in R430-6-5(1). If this is the case, cite R430-6-5(1), not this rule.

Level 3 Noncompliance otherwise.

367 Standard 8.057.

### Enforcement

If the provider indicates they do not have these records, cite R430-10(11), (12), (13), or (14), not this rule. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(a)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-10(11), (12), (13), or (14).

Always Level 3 Noncompliance for this rule [R430-100-9(1)(a)].

- (1) The provider shall maintain the following records on-site for review by the Department:
  - (b) current animal vaccination records as required in R430-100-22(3);

### Rationale / Explanation

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057.

### Enforcement

If the provider indicates they do not have the record, cite R430-100-22(3), not this rule. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(b)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-22(3).

Always Level 3 Noncompliance for this rule [R430-100-9(1)(b)].

- (1) The provider shall maintain the following records on-site for review by the Department:
  - (c) a six week record of child attendance, including sign-in and sign-out records;

### Rationale / Explanation

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg.

367 Standard 8.057.

**Enforcement**

*If the provider indicates they do not have the record, cite R430-100-13(3), not this rule. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(c)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-13(3).*

*Always Level 3 Noncompliance.*

---

- (1) The provider shall maintain the following records on-site for review by the Department:
- (d) all current variances granted by the Department;

**Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057.*

**Enforcement**

*Always Level 3 Noncompliance.*

---

- (1) The provider shall maintain the following records on-site for review by the Department:
- (e) a current local health department inspection;

**Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057.*

**Enforcement**

*Always Level 3 Noncompliance.*

---

- (1) The provider shall maintain the following records on-site for review by

the Department:

(f) a current local fire department inspection;

**Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057.*

**Enforcement**

*Always Level 3 Noncompliance.*

(1) The provider shall maintain the following records on-site for review by the Department:

(g) the most recent "Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care"; as required in R430-6-5(1).

**Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 334 Standard 8.003; pg. 367 Standard 8.057.*

**Enforcement**

*If at the time the license expires, any staff working at the center have not been listed on the "Request for Annual Renewal of CBS/MIS Criminal History Information for Child Care" submitted for the center's renewal, or if the center does not have Disclosure Statements for all individuals employed at the time of renewal who have worked at the center since their last license date, cite R430-6-5(1), not this rule.*

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (h) records for each currently enrolled child, including the following:
    - (i) an admission form containing the following information for each child:
      - (A) name;
      - (B) date of birth;
      - (C) date of enrollment;

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (h) records for each currently enrolled child, including the following:
    - (i) an admission form containing the following information for each child:
      - (A) name;
      - (B) date of birth;
      - (C) date of enrollment;

- (D) the parent's name, address, and phone number, including a daytime phone number;
- (E) the names of people authorized by the parent to pick up the child;
- (F) the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent;
- (G) the name, address, and phone number of an out of area/state emergency contact person for the child, if available; and
- (H) current emergency medical treatment and emergency medical transportation releases with the parent's signature;
- (ii) a current annual health assessment form as required in R430-100-14(5);
- (iii) current immunization records or documentation of a legally valid exemption, as specified in R430-100-14(4);
- (iv) a transportation permission form, if the center provides transportation services;
- (v) a six week record of medication permission forms, and a six week record of medications actually administered; and
- (vi) a six week record of incident, accident, and injury reports;
- (vii) a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12), R430-100-24(15); and

#### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals. Emergency treatment consent is needed in order to obtain medical care for children in emergencies. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. CFOC, pg. 71 Standard 2.054; pg. 87 Standard 3.005; pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062*

*Review of center records by the Department is used to determine, in part, the*

- (D) the parent's name, address, and phone number, including a daytime phone number;
- (E) the names of people authorized by the parent to pick up the child;
- (F) the name, address and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent;
- (G) the name, address, and phone number of an out of area/state emergency contact person for the child, if available; and
- (H) current emergency medical treatment and emergency medical transportation releases with the parent's signature;

#### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Names of individuals authorized to pick children up are needed to prevent children from being taken by unauthorized individuals. Emergency treatment consent is needed in order to obtain medical care for children in emergencies. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. CFOC pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062*

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.*

#### Enforcement

*Licensing Specialists will look at the following percentages of child records. A center will be considered to be in compliance with this rule if they have all of the required records for 90% of the files reviewed.*

<u># of Children Enrolled</u>	<u># of Records to be Reviewed</u>	<u># of Complete Records for 90% Compliance</u>
20 or less	10	9
21-40	15	14
41-60	20	18
61+	25	23

center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057

### **Enforcement**

Licensing Specialists will look at the following percentages of child records. A center will be considered to be in compliance with this rule if they have all of the required records for 90% of the files reviewed.

<u># of Children Enrolled</u>	<u># of Records to be Reviewed</u>	<u># of Complete Records for 90% Compliance</u>
20 or less	10	9
21-40	15	14
41-60	20	18
61+	25	23

If a center maintains information required in the admission form in another form [for example, if the center has a child's enrollment date on a form (paper or electronic) other than the admission form], they will be considered in compliance with the rule. If a center had a pre-printed supply of admission forms made before the new rules went into effect (12-30-06), and the only thing missing from these pre-printed forms is a space for the out of area/state contact person, the center can use up their existing forms without being considered out of compliance, and can add this information at the next printing.

Acceptable immunization records can either be in the pink state immunization form, the yellow card from the local health department, or any immunization record from a health care provider.

**Level 2 Noncompliance:** If there is not a admission form (as described in the following paragraph), or if a provider transports a child without a completed transportation permission form.

In order to be in compliance, the child admission form must have at least the following information completed: name; date of birth; the parent's name, address, and phone number, including a daytime phone number; the names of people authorized by the parent to pick up the child; the name and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent (unless the parents don't know anyone in the area they can list); and current emergency medical treatment and emergency medical transportation

If a center maintains information required in the admission form in another form [for example, if the center has a child's enrollment date on a form (paper or electronic) other than the admission form], they will be considered in compliance with the rule. If a center had a pre-printed supply of admission forms made before the new rules went into effect (12-30-06), and the only thing missing from these pre-printed forms is a space for the out of area/state contact person, the center can use up their existing forms without being considered out of compliance, and can add this information at the next printing.

In order to be in compliance, the child admission form must have at least the following information completed: name; date of birth; the parent's name, address, and phone number, including a daytime phone number; the names of people authorized by the parent to pick up the child (unless the parent's don't choose to authorize anyone but themselves to pick up their child); the name and phone number of a person to be contacted in the event of an emergency if the provider is unable to contact the parent (unless the parents don't know anyone in the area they can list); and current emergency medical treatment and emergency medical transportation releases with the parent's signature. This means an admission form can be in compliance if it is missing the child's date of enrollment, the address of the emergency contact person, an out-of-state emergency contact person, or an in-state emergency contact person if the parent does not know anyone they could list.

**Level 2 Noncompliance:** If there is not an admission form (as described in the paragraph above).

**Level 3 Noncompliance:** If the admission form is missing any information other than that specified above in Level 2 Noncompliance.

releases with the parent's signature. This means an admission form can be in compliance if it is missing the child's date of enrollment, the address of the emergency contact person, an out-of-state emergency contact person, or an in-state emergency contact person if the parent does not know anyone they could list.

*Level 3 Noncompliance: If any record other than the admission form or the transportation permission form (if the center transports the child) is incomplete or missing, or if the admission form is missing any information other than that specified above in Level 2 Noncompliance.*

*If a provider indicates they **do not have** any of the following records, cite the rule number listed in the bullets below, **not** this rule number, as being out of compliance:*

- *a current annual health assessment form as required in R430-100-14(5)*
- *current immunization records as specified in R430-100-14(4),*
- *a six week record of medication permission and administration forms as required in R430-100-17(7-8)*
- *a six week record of incident, accident, and injury reports as required in R430-100-13(4), or*
- *a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12) R430-100-24(15).*

*If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1...)] **only** as being out of compliance. However, should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule R430-9(1...) **and** the applicable rule listed in the bulleted items above will be cited as out of compliance.*

*If lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information, cite R430-100-14(5), not this rule.*

- (1) The provider shall maintain the following records on-site for review by the Department:
  - (h) records for each currently enrolled child, including the following:
    - (ii) a current annual health assessment form as required in R430-100-14(5);

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. CFOC, pg. 71 Standard 2.054; pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062*

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.*

### Enforcement

*If a provider indicates they **do not have** the current annual health assessment forms as required in R430-100-14(5), cite that rule, not this one. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(h)(ii)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-14(5).*

*Level 1 Noncompliance: If lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information. If this is the case, cite R430-100-14(5), not this rule.*

*Level 3 Noncompliance otherwise for this rule [R430-9(h)(ii)].*

- 
- (1) **The provider shall maintain the following records on-site for review by the Department:**
- (h) **records for each currently enrolled child, including the following:**
    - (iii) **current immunization records or documentation of a legally valid exemption, as specified in R430-100-14(4);**

### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis.*

Admission of children without this information can leave the center unprepared to deal with children's daily and emergent health needs. CFOC, pg. 87 Standard 3.005; pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.

### **Enforcement**

Acceptable immunization records can either be on the pink state immunization form, the yellow card from the local health department, or any immunization record from a health care provider.

If a provider indicates they **do not have** the immunization records as required in R430-100-14(4), cite that rule, not this one. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(h)(iii)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-14(4).

Always Level 3 Noncompliance for this rule [R430-9(h)(iii)].

- (1) The provider shall maintain the following records on-site for review by the Department:
  - (h) records for each currently enrolled child, including the following:
    - (iv) a transportation permission form, if the center provides transportation services;

### **Rationale / Explanation**

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.

### **Enforcement**

Level 2 Noncompliance: If a provider transports a child without a completed transportation permission form.

Level 3 Noncompliance otherwise.

- (1) The provider shall maintain the following records on-site for review by

the Department:

- (h) records for each currently enrolled child, including the following:
- (v) a six week record of medication permission forms, and a six week record of medications actually administered; and

#### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Information about each child's health status and needs and medications is required to ensure that caregivers meet the needs of each individual child. CFOC, pg. 71 Standard 2.054; pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062*

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.*

#### Enforcement

*If a provider indicates they **do not have** the medication records as required in R430-100-17(7)-(8), cite that rule, not this one. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(h)(v)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-17(7)-(8).*

*Always Level 3 Noncompliance for this rule [R430-9(h)(v)].*

(1) The provider shall maintain the following records on-site for review by the Department:

- (h) records for each currently enrolled child, including the following:
- (vi) a six week record of incident, accident, and injury reports;

#### Rationale / Explanation

*The health and safety of individual children requires that information regarding each child be kept at the center and available to staff on a need-to-know basis. Records of child injuries can be used to discern possible child abuse, and to help prevent future injury. CFOC, pg. 71 Standard 2.054; pgs. 359-364 Standards 8.046, 8.047, 8.048, 8.049, 8.050, 8.051; pgs. 369-370 Standard 8.062*

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.

### **Enforcement**

If a provider indicates they **do not have** the incident, accident, and injury reports as required in R430-100-13(4), cite that rule, not this one. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(h)(vi)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-13(4).

Always Level 3 Noncompliance for this rule [R430-9(h)(vi)].

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (h) records for each currently enrolled child, including the following:
    - (vii) a six week record of eating, sleeping, and diaper changes as required in R430-100-23(12), R430-100-24(15); and

### **Rationale / Explanation**

Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pg. 367 Standard 8.057.

### **Enforcement**

If a provider indicates they **do not have** the eating, sleeping, or diapering records as required in R430-100-23(12) and/or R430-100-24(15), cite those rules, not this one. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(h)(vii)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-23(12) or R430-100-24(15).

Always Level 3 Noncompliance for this rule [R430-9(h)(vii)].

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (i) records for each staff member, including the following:
    - (i) date of initial employment;

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (i) records for each staff member, including the following:

- (ii) results of initial TB screening;
- (iii) approved initial "CBS/MIS Consent and Release of Liability for Child Care" form;
- (iv) the most recent "Disclosure Statement" for a criminal background check, if the employee has worked at the facility since the last license renewal;
- (v) a six week record of days and hours worked;
- (vi) orientation training documentation for caregivers, and for volunteers who work at the center at least once each month;
- (vii) annual training documentation for caregivers; and
- (viii) current first aid and CPR certification, if applicable as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).

#### Rationale / Explanation

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

#### Enforcement

*R430-6-5(3) requires the center to submit background clearance documents for newly hired individuals within five days of the individual becoming involved with the center. "Becoming involved with the center" means the individual's start date at the center.*

*If a center owner owns more than one center and a staff member works in more than one of these centers, the staff member does not need to have initial and annual background clearances done at both centers. They may photocopy their background clearance documentation from one center and keep the photocopies in their file at the other center.*

*Centers are required to keep a copy of the initial cleared BCI form in the file for staff hired as of 12/30/06.*

*Licensing Specialists will look at the following percentages of staff records. In order to be in compliance, all staff records reviewed must be complete.*

- (i) date of initial employment;

#### Rationale / Explanation

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

#### Enforcement

**Licensing Specialists must look at CBS/MIS background clearance documents for all staff.** *For all other documents, Licensing Specialists will look at the following percentages of staff records. In order to be in compliance, all staff records reviewed must be complete.*

<u># of Staff</u>	<u># of Records to be Reviewed</u>
10 or less	10
11-15	11
16-20	16
21+	21

*Always Level 3 Noncompliance.*

- (1) **The provider shall maintain the following records on-site for review by the Department:**
  - (i) records for each staff member, including the following:
  - (ii) results of initial TB screening;

#### Rationale / Explanation

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

#### Enforcement

*If a provider indicates they **do not have** the TB screening records as required in R430-100-16(11)-(12), cite that rule, not this one. If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number [R430-9(1)(i)(ii)] **only** as being out of compliance. **If the provider still***

<u># of Staff</u>	<u># of Records to be Reviewed</u>
10 or less	10
11-15	11
16-20	16
21+	21

*Level 1 Noncompliance: if the required initial BCI documents are missing, and a check with the Bureau Background Clearance Unit indicates the BCI documents were **not** submitted within 5 working days of a person's start date. If this is the case, cite R430-6-5(3), not this rule.*

*Level 2 Noncompliance: if the required BCI documents were not submitted within 5 days of the person's start date, but have been submitted at the time of the inspection. If this is the case, cite R430-6-5(3), not this rule. Or, if the most recent Disclosure Statement for a criminal background check is missing.*

*Level 3 Noncompliance otherwise.*

*If a provider indicates they **do not have** any of the following records, cite the rule number listed in the bullets below, **not** this rule number, as being out of compliance:*

- results of initial TB screening as required in R430-100-16(11-12)
- approved initial "CBS/MIS Consent and Release of Liability for Child Care" form (R430-6-5(1) & (3))
- orientation training documentation as required in R430-100-7(7),
- annual training documentation as required in R430-100-7(8), or
- current first aid and CPR certification, if applicable, as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).

*If the provider indicates they **have** any of these records, but **cannot find them** during an on-site visit, cite this rule number (R430-9(1...)) **only** as being out of compliance. However, should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule R430-9(1...) **and** the applicable rule listed in the bulleted items above will be cited as out of compliance.*

**does not have the required record(s) on the follow-up visit, cite R430-100-16(11)-(12).**

*Always Level 3 Noncompliance for this rule [R430-9(i)(ii)].*

- (1) **The provider shall maintain the following records on-site for review by the Department:**
  - (i) **records for each staff member, including the following:**
    - (iii) **approved initial "CBS/MIS Consent and Release of Liability for Child Care" form;**

### **Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

### **Enforcement**

**Licensing Specialists must look at CBS/MIS background clearance documents for all staff.**

*R430-6-5(3) requires the center to submit background clearance documents for newly hired individuals within five days of the individual becoming involved with the center. "Becoming involved with the center" means the individual's start date at the center.*

*If a center owner owns more than one center and a staff member works in more than one of these centers, the staff member does not need to have initial and annual background clearances done at both centers. They may photocopy their background clearance documentation from one center and keep the photocopies in their file at the other center.*

*Centers are required to keep a copy of the initial cleared CBS/MIS form in the file for staff hired as of 12/30/06. Initial CBS/MIS records should only be checked for individuals hired since the center's last annual announced inspection.*

*If a provider indicates they do not have the initial CBS/MIS forms for all individuals hired since the center's last Annual Announced Inspection as required in R430-6-5(3), cite that rule, not this one. If the provider indicates they have these*

records, but cannot find them during an on-site visit, cite this rule number [R430-9(1)(i)(iii)] only as being out of compliance. If a check with the BCU indicates the CBS/MIS form(s) have not been submitted, cite R430-6-5(3).

*Always Level 3 Noncompliance for this rule [R430-9(i)(iii)].*

---

- (1) The provider shall maintain the following records on-site for review by the Department:**
- (i) records for each staff member, including the following:**
    - (iv) the most recent "Disclosure Statement" for a criminal background check, if the employee has worked at the facility since the last license renewal;**

#### Rationale / Explanation

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

#### Enforcement

**Licensing Specialists must look at CBS/MIS background clearance documents for all staff.**

*If a center owner owns more than one center and a staff member works in more than one of these centers, the staff member does not need to have initial and annual background clearances done at both centers. They may photocopy their background clearance documentation from one center and keep the photocopies in their file at the other center.*

*This rule is only out of compliance if the center does not have the required Disclosure Statements by their license expiration date (not by their Annual Announced Inspection date.) If a provider indicates they do not have the Disclosure Statements as required in R430-6-5(1), cite that rule, not this one. If the provider indicates they have these records, but cannot find them during an on-site visit, cite this rule number [R430-9(1)(i)(iv)] only as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-6-5(1).*

*Always Level 3 Noncompliance for this rule [R430-9(i)(iv)].*

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (i) records for each staff member, including the following:
  - (v) a six week record of days and hours worked;

**Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

**Enforcement**

*Always Level 3 Noncompliance.*

- 
- (1) The provider shall maintain the following records on-site for review by the Department:
- (i) records for each staff member, including the following:
  - (vi) orientation training documentation for caregivers, and for volunteers who work at the center at least once each month;

**Rationale / Explanation**

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

**Enforcement**

*If a provider indicates an individual did not complete orientation training as required in R430-100-7(7), cite that rule, not this one. If the provider indicates all individuals completed orientation training but they **cannot find the record** during an on-site visit, cite this rule number [R430-9(1)(i)(vi)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-7(7).*

*Always Level 3 Noncompliance for this rule [R430-9(1)(i)(vi)].*

- 
- (1) The provider shall maintain the following records on-site for review by the Department:

- (i) records for each staff member, including the following:
- (vii) annual training documentation for caregivers; and

#### Rationale / Explanation

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

#### Enforcement

*This rule is not out of compliance unless the annual training has not been completed **by the center's license expiration date** (not the date of their Annual Announced Inspection.)*

*If a provider indicates an individual did not complete annual training as required in R430-100-7(8), cite that rule, not this one. If the provider indicates all individuals completed annual training as required, but they **cannot find the record** during an on-site visit, cite this rule number [R430-9(1)(i)(vii)] **only** as being out of compliance. **If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-7(8).***

*Always Level 3 Noncompliance for this rule [R430-9(1)(i)(vii)].*

- (1) **The provider shall maintain the following records on-site for review by the Department:**
  - (i) records for each staff member, including the following:
  - (viii) current first aid and CPR certification, if applicable as required in R430-100-10(2), R430-100-20(5)(d), and R430-100-21(2).

#### Rationale / Explanation

*Review of center records by the Department is used to determine, in part, the center's compliance with the licensing rules. CFOC, pgs. 367-368 Standards 8.057, 8.058*

#### Enforcement

*If a provider indicates an individual does not have first aid or CPR certification as*

required in R430-100-10(2), R430-100-20(5)(d), or R420-100-21(2) cite those rules, not this one. If the provider indicates the required individuals have their first aid and CPR certification, but they **cannot find the record** during an on-site visit, cite this rule number [R430-9(1)(i)(viii)] **only** as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite R430-100-10(2), R430-100-20(5)(d), or R420-100-21(2).

Always Level 3 Noncompliance for this rule [R430-9(1)(i)(viii)].

5/7/05 Version	3/13/08 Version
<b>R430-100-10. EMERGENCY PREPAREDNESS.</b>	
<p>(1) The provider shall post the center's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the center.</p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers have easy and immediate access to phone numbers they might need to use in an emergency, and can give emergency personnel, such as the police or the fire department, the center's street address. CFOC, pgs. 376-377 Standard 8.077</i></p> <p><u><b>Enforcement</b></u></p> <p><i>In areas with 911 service, posting 911 can meet the requirement for posting emergency numbers for ambulance, fire, and police, but not poison control.</i></p> <p><i>Centers can program these numbers into cell phones, provided the numbers are posted at least once in the center office, where someone who may not know how to access them in the cell phone can find them.</i></p> <p><i>Level 1 Noncompliance: If failure to post this information resulted in an emergency</i></p>	<p>(1) The provider shall post the center's street address and emergency numbers, including ambulance, fire, police, and poison control, near each telephone in the center.</p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>It is easy for caregivers to panic in an emergency situation. The purpose of this rule is so that caregivers have easy and immediate access to phone numbers they might need to use in an emergency, and can give emergency personnel, such as the police or the fire department, the center's street address. CFOC, pgs. 376-377 Standard 8.077</i></p> <p><u><b>Enforcement</b></u></p> <p><i>In areas with 911 service, posting 911 can meet the requirement for posting emergency numbers for ambulance, fire, and police, but not poison control.</i></p> <p><i>Centers can program these numbers into cell phones, provided the numbers are posted at least once in the center office, where someone who may not know how to access them in the cell phone can find them.</i></p> <p><u><b>For cordless phones, emergency numbers need to be on the cordless portion of the phone, so that if the phone is not in the base, the numbers are still with the phone.</b></u></p> <p><i>Level 1 Noncompliance: If failure to post this information resulted in an emergency</i></p>

5/7/05 Version	3/13/08 Version
<p><i>situation in which emergency personnel were not contacted or able to respond in a timely manner.</i></p>	<p><i>situation in which emergency personnel were not contacted or able to respond in a timely manner.</i></p>
<p><i>Level 2 Noncompliance otherwise.</i></p>	<p><i>Level 2 Noncompliance otherwise.</i></p>
<p>(3) The center shall maintain at least one readily available first aid kit, and a second first aid kit for field trips if the center takes children on field trips. The first aid kit shall include the following items:</p> <ul style="list-style-type: none"> <li>(a) disposable gloves;</li> <li>(b) assorted sizes of bandaids;</li> <li>(c) gauze pads and roll;</li> <li>(d) adhesive tape;</li> <li>(e) antiseptic or a topical antibiotic;</li> <li>(f) tweezers; and</li> <li>(g) scissors.</li> </ul> <p>(4) Each first aid kit shall be in a closed container, readily accessible to staff but inaccessible to children.</p>	<p>(3) The center shall maintain at least one readily available first aid kit, and a second first aid kit for field trips if the center takes children on field trips. The first aid kit shall include the following items:</p> <ul style="list-style-type: none"> <li>(a) disposable gloves;</li> <li>(b) assorted sizes of bandaids;</li> <li>(c) gauze pads and roll;</li> <li>(d) adhesive tape;</li> <li>(e) antiseptic or a topical antibiotic;</li> <li>(f) tweezers; and</li> <li>(g) scissors.</li> </ul> <p>(4) Each first aid kit shall be in a closed container, readily accessible to staff but inaccessible to children.</p>
<p><u>Rationale / Explanation</u></p> <p><i>The purpose of this rule is to ensure centers have the supplies needed to respond to minor injuries of children, while also ensuring that children are not injured by having access to harmful items in the kit. CFOC, pg. 226 Standard 5.093</i></p> <p><u>Enforcement</u></p> <p><i>Licensors should check one center first aid kit for all of the specific items listed, and then check to make sure additional kits are there as required for vehicles or field trips. Every individual item doesn't need to be checked for in every first aid kit, just in one main center kit.</i></p>	<p><u>Rationale / Explanation</u></p> <p><i>The purpose of this rule is to ensure centers have the supplies needed to respond to minor injuries of children, while also ensuring that children are not injured by having access to harmful items in the kit. CFOC, pg. 226 Standard 5.093</i></p> <p><u>Enforcement</u></p> <p><u><i>The first aid kit may be in a box or container without a lid that is placed out of children's reach.</i></u></p> <p><i>Licensors should check one center first aid kit <u>and one field trip first aid kit (if the center takes children on field trips)</u> for all of the specific items listed, and then check to make sure additional kits are there as required for vehicles. Every individual item doesn't need to be checked for in every first aid kit, just in one main center kit, <u>and in one field trip kit (if the center takes children on field trips)</u>. <u>If the center always takes all children in the center when they go on field trips, the center first aid kit and the field trip first aid kit can be the same kit.</u></i></p>

5/7/05 Version	3/13/08 Version
<p><i>Items that are elsewhere in the center because they have recently been taken from the first aid kit to be used to treat a child should not be considered missing from the kit.</i></p> <p>Level 2 Noncompliance if children have access to the first aid kit.</p> <p>Level 3 Noncompliance otherwise.</p>	<p><i>Items that are elsewhere in the center because they have recently been taken from the first aid kit to be used to treat a child should not be considered missing from the kit.</i></p> <p><u><i>This item will not be considered out of compliance if children younger than school age have access to the kit, but there are no scissors or antiseptic or a topical antibiotic in the kit. Or, if only school age children have access to the kit.</i></u></p> <p>Level 2 Noncompliance if children have access to the first aid kit, <u><i>except as described above.</i></u></p> <p>Level 3 Noncompliance otherwise.</p>
<b>R430-100-11. SUPERVISION AND RATIOS.</b>	
<p><b>(1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028</i></p> <p><u><b>Enforcement</b></u></p> <p><i>If children are unsupervised during an off-site activity, cite R430-100-20(5)(c), not this rule.</i></p> <p><i>If a classroom does not have a bathroom in or adjacent to it, children age 3 and older may be allowed to go to the bathroom by themselves, as long as the provider</i></p>	<p><b>(1) The provider shall ensure that caregivers provide and maintain direct supervision of all children at all times.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028</i></p> <p><u><b>Enforcement</b></u></p> <p><i>If children are unsupervised during an off-site activity, cite R430-100-20(5)(c), not this rule.</i></p> <p><i>If a classroom does not have a bathroom in or adjacent to it, children age 3 and older may be allowed to go to the bathroom by themselves, as long as the center</i></p>

5/7/05 Version	3/13/08 Version
<p>has and follows a written policy that includes the following:</p> <ul style="list-style-type: none"> <li>• Only one child at a time from a classroom may be allowed to go to the bathroom by themselves. Another child cannot be allowed to leave to use the bathroom until the previous child has returned.</li> <li>• The classroom caregiver must track the time each child is gone to use the bathroom, to make sure each child returns in a reasonable amount of time.</li> <li>• Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.</li> </ul> <p>Always Level 1 Noncompliance.</p>	<p>has and follows a <del>written</del> policy that includes the following:</p> <ul style="list-style-type: none"> <li>• Only one child at a time from a classroom may be allowed to go to the bathroom by themselves. Another child cannot be allowed to leave to use the bathroom until the previous child has returned.</li> <li>• The classroom caregiver must track the time each child is gone to use the bathroom, to make sure each child returns in a reasonable amount of time.</li> <li>• Building exits must be effectively monitored to ensure that children sent to the bathroom do not leave the building.</li> </ul> <p>Always Level 1 Noncompliance.</p>
<p>(4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 5 for single age groups of children.</p> <p>(5) A center constructed prior to 1 January 2004 which has been licensed and operated as a child care center continuously since 1 January 2004 is exempt from maximum group size requirements, if the required caregiver to child ratios are maintained, and the required square footage for each classroom is maintained.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p>An October 2005 legislative audit of the Bureau of Child Care Licensing examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states, and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.</p> <p>The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC, pgs. 3-5 Standard 1.002</p>	<p>(4) The licensee shall maintain the minimum caregiver to child ratios and group sizes in Table 5 for single age groups of children.</p> <p>(5) A center constructed prior to 1 January 2004 which has been licensed and operated as a child care center continuously since 1 January 2004 is exempt from maximum group size requirements, if the required caregiver to child ratios are maintained, and the required square footage for each classroom is maintained.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p>An October 2005 legislative audit of the Bureau of Child Care Licensing examined Utah's ratio rule specifically, and found that Utah's requirements are consistent with other states. The audit stated that Utah ratios are actually on the less restrictive end of the range used by states, and fall below the national standards for every age group. The audit concluded that Utah's rules are reasonable and justifiable.</p> <p>The purpose of required caregiver to child ratios is to ensure that there are enough caregivers to adequately supervise children, ensure children's safety, and meet children's needs. Low caregiver to child ratios are most critical for infants and toddlers. Infant development and caregiving quality both improve when groups sizes and caregiver to child ratios are smaller. For 3- and 4-year-old children, the size of the group is even more important than ratios. Recommended ratios and group sizes for 3- and 4-year-olds allow these children to have the needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC, pgs. 3-5 Standard 1.002</p>

5/7/05 Version	3/13/08 Version																																																
<i>It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, pgs. 3-5 Standard 1.002</i>	<i>It is also important for caregiver to child ratios to be sufficiently low to keep caregiver stress below levels that could result in anger with children. Caring for too many children increases the possibility of stress for caregivers, and may result in loss of self-control. CFOC, pgs. 3-5 Standard 1.002</i>																																																
<i>The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. CFOC, pgs. 3-5 Standard 1.002</i>	<i>The American Academy of Pediatrics and the American Public Health Association recommend the following maximum caregiver to child ratios and group sizes. CFOC, pgs. 3-5 Standard 1.002</i>																																																
<table><tr><th><u>Age</u></th><th><u>Staff to Child Ratio</u></th><th><u>Maximum Group Size</u></th></tr><tr><td>Birth – 12 months</td><td>1:3</td><td>6</td></tr><tr><td>13 – 30 months</td><td>1:4</td><td>8</td></tr><tr><td>31 – 35 months</td><td>1:5</td><td>10</td></tr><tr><td>3-year-olds</td><td>1:7</td><td>14</td></tr><tr><td>4- and 5-year-olds</td><td>1:8</td><td>16</td></tr><tr><td>6 – 8-year-olds</td><td>1:10</td><td>20</td></tr><tr><td>9 – 12-year-olds</td><td>1:12</td><td>24</td></tr></table>	<u>Age</u>	<u>Staff to Child Ratio</u>	<u>Maximum Group Size</u>	Birth – 12 months	1:3	6	13 – 30 months	1:4	8	31 – 35 months	1:5	10	3-year-olds	1:7	14	4- and 5-year-olds	1:8	16	6 – 8-year-olds	1:10	20	9 – 12-year-olds	1:12	24	<table><tr><th><u>Age</u></th><th><u>Staff to Child Ratio</u></th><th><u>Maximum Group Size</u></th></tr><tr><td>Birth – 12 months</td><td>1:3</td><td>6</td></tr><tr><td>13 – 30 months</td><td>1:4</td><td>8</td></tr><tr><td>31 – 35 months</td><td>1:5</td><td>10</td></tr><tr><td>3-year-olds</td><td>1:7</td><td>14</td></tr><tr><td>4- and 5-year-olds</td><td>1:8</td><td>16</td></tr><tr><td>6 – 8-year-olds</td><td>1:10</td><td>20</td></tr><tr><td>9 – 12-year-olds</td><td>1:12</td><td>24</td></tr></table>	<u>Age</u>	<u>Staff to Child Ratio</u>	<u>Maximum Group Size</u>	Birth – 12 months	1:3	6	13 – 30 months	1:4	8	31 – 35 months	1:5	10	3-year-olds	1:7	14	4- and 5-year-olds	1:8	16	6 – 8-year-olds	1:10	20	9 – 12-year-olds	1:12	24
<u>Age</u>	<u>Staff to Child Ratio</u>	<u>Maximum Group Size</u>																																															
Birth – 12 months	1:3	6																																															
13 – 30 months	1:4	8																																															
31 – 35 months	1:5	10																																															
3-year-olds	1:7	14																																															
4- and 5-year-olds	1:8	16																																															
6 – 8-year-olds	1:10	20																																															
9 – 12-year-olds	1:12	24																																															
<u>Age</u>	<u>Staff to Child Ratio</u>	<u>Maximum Group Size</u>																																															
Birth – 12 months	1:3	6																																															
13 – 30 months	1:4	8																																															
31 – 35 months	1:5	10																																															
3-year-olds	1:7	14																																															
4- and 5-year-olds	1:8	16																																															
6 – 8-year-olds	1:10	20																																															
9 – 12-year-olds	1:12	24																																															
<b><u>Enforcement</u></b>	<b><u>Enforcement</u></b>																																																
<i>A group with more than one caregiver may be temporarily out of ratios for brief periods of 15 minutes or less, if one caregiver leaves the room but remains in the center in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, helping a child in the bathroom, helping a child change soiled clothing, etc. (Examples of tasks <b>not</b> related to meeting the immediate needs of the children in the group include: doing laundry or other housekeeping duties, making personal phone calls, taking a work break, etc.)</i> <b><i>However, when this is done, providers must always remember that no caregiver under the age of 18 can ever be left alone with children, even for brief periods of time.</i></b>	<i>A group with more than one caregiver may be temporarily out of ratios for brief periods of 15 minutes or less, if one caregiver leaves the room but remains in the center in order to meet the immediate needs of the children in his or her group, such as helping a child who is hurt, getting food for children, taking a sick child to the office, getting medication for a child, helping a child in the bathroom, helping a child change soiled clothing, etc. (Examples of tasks <b>not</b> related to meeting the immediate needs of the children in the group include: doing laundry or other housekeeping duties, making personal phone calls, taking a work break, etc.)</i> <b><i>However, when this is done, providers must always remember that no caregiver under the age of 18 can ever be left alone with children, even for brief periods of time.</i></b>																																																
<i>A center may exceed the required caregiver to child ratios for up to 45 minutes when circumstances beyond the licensee's control temporarily prevent the center from meeting the required ratios. In such emergency situations, centers should, whenever possible, ensure that the youngest age groups have first priority for</i>	<i>A center may exceed the required caregiver to child ratios for up to 45 minutes when circumstances beyond the licensee's control temporarily prevent the center from meeting the required ratios. In such emergency situations, centers should, whenever possible, ensure that the youngest age groups have first priority for</i>																																																

5/7/05 Version	3/13/08 Version
<p><i>meeting required caregiver to child ratios. Examples of circumstances beyond the licensee's control include caregivers not arriving for work at their scheduled time without giving adequate notice, or children arriving earlier than their normal time or departing later than their normal time.</i></p> <p><i>If a center is out of ratio due to circumstances beyond their control, the licensor may make up to 2 additional unannounced follow-up visits at the same time of day, to determine if the situation was an isolated incident or a recurring pattern. Such follow-up visits shall be made at least a week after the date of the original incident. If two of the three times the center is within ratio, the situation will be considered an isolated incident. If two of the three times the center is out of ratio, the situation will be considered a recurring pattern. Or, the Bureau may accept satisfactory written proof that the situation was an isolated incident, such as caregiver time sheets, sign-in and sign-out sheets, etc.</i></p> <p><i>In situations where the center has enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios, the situation will be considered a Level 3 noncompliance the first time the problem occurs.</i></p> <p><i>Preschoolers and school age children may temporarily be in groups that exceed maximum group sizes for outdoor play and meal times, or if the center is having a special activity such as a puppet show, provided the required staff to child ratios are maintained.</i></p> <p><i>If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.</i></p> <p><i>Level 1 Noncompliance:</i></p> <ul style="list-style-type: none"> <li><i>• Infant/toddler groups: over ratio by any amount</i></li> <li><i>• Twos: over ratio by 2 or more children</i></li> <li><i>• Threes &amp; Fours: over ratio by 4 or more children</i></li> <li><i>• Fives &amp; School Age: over by 6 or more children</i></li> </ul> <p><i>Level 2 Noncompliance:</i></p> <ul style="list-style-type: none"> <li><i>• Twos: over ratio by 1 child</i></li> <li><i>• Threes &amp; Fours: over ratio by 3 children</i></li> </ul>	<p><i>meeting required caregiver to child ratios. Examples of circumstances beyond the licensee's control include caregivers not arriving for work at their scheduled time without giving adequate notice, or children arriving earlier than their normal time or departing later than their normal time.</i></p> <p><i>If a center is out of ratio due to circumstances beyond their control, the licensor may make up to 2 additional unannounced follow-up visits at the same time of day, to determine if the situation was an isolated incident or a recurring pattern. Such follow-up visits shall be made at least a week after the date of the original incident. If two of the three times the center is within ratio, the situation will be considered an isolated incident. If two of the three times the center is out of ratio, the situation will be considered a recurring pattern. Or, the Bureau may accept satisfactory written proof that the situation was an isolated incident, such as caregiver time sheets, sign-in and sign-out sheets, etc.</i></p> <p><i>In situations where the center has enough staff to be in ratio in each age group, but the children in one or more age groups are not grouped to meet the required ratios, the situation will be considered a Level 3 noncompliance the first time the problem occurs.</i></p> <p><i>Preschoolers and school age children may temporarily be in groups that exceed maximum group sizes for outdoor play, meal times, <b>nap times</b>, or if the center is having a special activity such as a puppet show, provided the required staff to child ratios are maintained.</i></p> <p><i>If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.</i></p> <p><i>Level 1 Noncompliance:</i></p> <ul style="list-style-type: none"> <li><i>• Infant/toddler groups: over ratio <b>or group size</b> by any amount</i></li> <li><i>• Twos: over ratio <b>or group size</b> by 2 or more children</i></li> <li><i>• Threes &amp; Fours: over ratio <b>or group size</b> by 4 or more children</i></li> <li><i>• Fives &amp; School Age: over <b>ratio or group size</b> by 6 or more children</i></li> </ul> <p><i>Level 2 Noncompliance:</i></p> <ul style="list-style-type: none"> <li><i>• Twos: over ratio <b>or group size</b> by 1 child</i></li> <li><i>• Threes &amp; Fours: over ratio <b>or group size</b> by 3 children</i></li> </ul>

5/7/05 Version	3/13/08 Version
<ul style="list-style-type: none"> <li>Fives &amp; School Age: over ratio by 4-5 children</li> </ul> <p>Level 3 Noncompliance:</p> <ul style="list-style-type: none"> <li>Threes &amp; Fours: over ratio by 1-2 children</li> <li>Fives &amp; School Age: over ratio by 1-3 children</li> </ul>	<ul style="list-style-type: none"> <li>Fives &amp; School Age: over ratio <u>or group size</u> by 4-5 children</li> </ul> <p>Level 3 Noncompliance:</p> <ul style="list-style-type: none"> <li>Threes &amp; Fours: over ratio <u>or group size</u> by 1-2 children</li> <li>Fives &amp; School Age: over ratio <u>or group size</u> by 1-3 children</li> </ul>
<p>(6) Ratios and group sizes for mixed age groups are determined by averaging the ratios and group sizes of the ages represented in the group, with the following exception: if more than half of the group is composed of children in the youngest age group, the caregiver to child ratio and group size for the youngest age shall be maintained.</p> <p>(7) Table 6 represents the caregiver to child ratios and group size for common mixed age groups.</p>	<p>(6) Ratios and group sizes for mixed age groups are determined by averaging the ratios and group sizes of the ages represented in the group, with the following exception: if more than half of the group is composed of children in the youngest age group, the caregiver to child ratio and group size for the youngest age shall be maintained.</p> <p>(7) Table 6 represents the caregiver to child ratios and group size for common mixed age groups.</p>
<p><a href="#">Rationale / Explanation</a></p> <p>See Rationale / Explanation for subsection (4) above. CFOC, pgs. 3-5 Standard 1.002</p> <p><b><u>Enforcement</u></b></p> <p>If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.</p> <p>The noncompliance levels are the same as in subsection (4) above, if more than half the group is composed of children in the youngest age group.</p> <p>If more than half the group is not composed of children in the youngest age group, the following applies:</p> <p>Level 1 Noncompliance:</p> <ul style="list-style-type: none"> <li>any group with infants or toddlers in it is over ratio by any amount</li> <li>2s and 3s are over ratio by 3 or more children</li> <li>3s and 4s are over ratio by 4 or more children</li> <li>4s and 5s/SA are over ratio by 5 or more children</li> <li>2s, 3s, and 4s are over ratio by 3 or more children</li> </ul>	<p><a href="#">Rationale / Explanation</a></p> <p>See Rationale / Explanation for subsection (4) above. CFOC, pgs. 3-5 Standard 1.002</p> <p><b><u>Enforcement</u></b></p> <p>If the program does not maintain required caregiver to child ratios during an off-site activity, cite R430-100-20(5)(c), not this rule.</p> <p>The noncompliance levels are the same as in subsection (4) above, if more than half the group is composed of children in the youngest age group.</p> <p>If more than half the group is not composed of children in the youngest age group, the following applies:</p> <p>Level 1 Noncompliance:</p> <ul style="list-style-type: none"> <li>any group with infants or toddlers in it is over ratio <u>or group size</u> by any amount</li> <li>2s and 3s are over ratio <u>or group size</u> by 3 or more children</li> <li>3s and 4s are over ratio <u>or group size</u> by 4 or more children</li> <li>4s and 5s/SA are over ratio <u>or group size</u> by 5 or more children</li> <li>2s, 3s, and 4s are over ratio <u>or group size</u> by 3 or more children</li> </ul>

5/7/05 Version	3/13/08 Version
<ul style="list-style-type: none"> <li>• 3s, 4s, and 5s/SA are over ratio by 5 or more children</li> <li>• 2s, 3s, 4, and 5s/SA are over by 4 or more children</li> </ul> <p>Level 2 Noncompliance:</p> <ul style="list-style-type: none"> <li>• 2s and 3s are over ratio by 2 children</li> <li>• 3s and 4s are over ratio by 3 children</li> <li>• 4s and 5s/SA are over ratio by 4 children</li> <li>• 2s, 3s, and 4s are over ratio by 2 children</li> <li>• 3s, 4s, and 5s/SA are over ratio by 4 children</li> <li>• 2s, 3s, 4s, and 5s/SA are over by 3 children</li> </ul> <p>Level 3 Noncompliance:</p> <ul style="list-style-type: none"> <li>• 2s and 3s are over ratio by 1 child</li> <li>• 3s and 4s are over ratio by 1-2 children</li> <li>• 4s and 5s/SA are over ratio by 1-3 children</li> <li>• 2s, 3s, and 4s are over ratio by 1 child</li> <li>• 3s, 4s, and 5s/SA are over ratio by 1-3 children</li> <li>• 2s, 3s, 4s, and 5s/SA are over by 1-2 children</li> </ul>	<ul style="list-style-type: none"> <li>• 3s, 4s, and 5s/SA are over ratio <u>or group size</u> by 5 or more children</li> <li>• 2s, 3s, 4, and 5s/SA are over <u>or group size</u> by 4 or more children</li> </ul> <p>Level 2 Noncompliance:</p> <ul style="list-style-type: none"> <li>• 2s and 3s are over ratio <u>or group size</u> by 2 children</li> <li>• 3s and 4s are over ratio <u>or group size</u> by 3 children</li> <li>• 4s and 5s/SA are over ratio <u>or group size</u> by 4 children</li> <li>• 2s, 3s, and 4s are over ratio <u>or group size</u> by 2 children</li> <li>• 3s, 4s, and 5s/SA are over ratio <u>or group size</u> by 4 children</li> <li>• 2s, 3s, 4s, and 5s/SA are over <u>or group size</u> by 3 children</li> </ul> <p>Level 3 Noncompliance:</p> <ul style="list-style-type: none"> <li>• 2s and 3s are over ratio <u>or group size</u> by 1 child</li> <li>• 3s and 4s are over ratio <u>or group size</u> by 1-2 children</li> <li>• 4s and 5s/SA are over ratio <u>or group size</u> by 1-3 children</li> <li>• 2s, 3s, and 4s are over ratio <u>or group size</u> by 1 child</li> <li>• 3s, 4s, and 5s/SA are over ratio <u>or group size</u> by 1-3 children</li> <li>• 2s, 3s, 4s, and 5s/SA are over <u>or group size</u> by 1-2 children</li> </ul>
<p>(10) During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. CFOC, pgs. 3-5 Standard 1.002; pgs. 58-59 Standard 2.028</i></p>	<p>(10) During nap time the caregiver to child ratio may double for not more than two hours for children age 18 months and older, if the children are in a restful or non-active state, and if a means of communication is maintained with another caregiver who is on-site. The caregiver supervising the napping children must be able to contact the other on-site caregiver without having to leave children unattended in the napping area.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Napping children require less supervision than awake children. However, there must still be enough caregivers present and available, without leaving children unattended, to evacuate all children from the facility in the event of an emergency. In addition, children presumed to be sleeping may actually be awake, and children may wake up before the scheduled nap time is over. CFOC, pgs. 3-5 Standard 1.002; pgs. 58-59 Standard 2.028</i></p>

5/7/05 Version	3/13/08 Version
<p><b><u>Enforcement</u></b></p> <p><i>This rule applies only to nap times. For example, it does not apply to TV or movie times, or other less active times that are not nap times.</i></p> <p>Always Level 1 Noncompliance.</p>	<p><b><u>Enforcement</u></b></p> <p><i>This rule applies only to nap times. For example, it does not apply to TV or movie times, or other less active times that are not nap times.</i></p> <p><u><i>During nap times, each room that is treated as a separate room when children are awake must have at least one caregiver in it (or more if ratios require) if children are napping in the room. In other words, the center may not station one caregiver between two different rooms during nap time to supervise both rooms, because if the caregiver is required to go into one room to assist a child, the children in the other room would be left unattended.</i></u></p> <p><u><i>As children begin to wake up from naps, if less than half the group is awake and engaged in a quiet activity, such as looking at a book, putting together a puzzle, drawing or coloring, or using play dough, a classroom can still have half of the required number of caregivers. However, once half or more of the children are awake and off their nap mats or cots, the classroom must meet the required non-nap time ratios. This applies only to the maximum two hour nap time period.</i></u></p> <p>Always Level 1 Noncompliance.</p>
<p>(11) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.</p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>This rule was implemented to give center providers parity with the rules for licensed family child care providers. It is not a rule that will ever be cited. Rather, it will be used to determine if a provider is in compliance with the rules that specify what the required caregiver to child ratios are.</i></p>	<p>(11) The children of the licensee or any employee, age four or older, are not counted in the caregiver to child ratios when the parent of the child is working at the center, but are counted in the maximum group size.</p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>This rule was implemented to give center providers parity with the rules for licensed family child care providers. It is not a rule that will ever be cited. Rather, it will be used to determine if a provider is in compliance with the rules that specify what the required caregiver to child ratios are.</i></p> <p><u><i>A child's parent is considered to be "working at the center" if they are on the clock at the center but have left to perform a work-related duty (for example, a bus run or buying center supplies), or if they are on a lunch or work break.</i></u></p>

5/7/05 Version	3/13/08 Version
<b>R430-100-12. INJURY PREVENTION.</b>	
<p><b>(1) The provider shall ensure that the building, grounds, toys, and equipment are maintained and used in a safe manner to prevent injury to children.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions documented in writing can reduce the risk of potential injury and provide a mechanism for periodic monitoring and improvements. CFOC, pgs. 109-110 Standard 3.038; pgs. 216-217 Standard 5.075; pg. 223 Standard 5.086; pgs. 262-264 Standards 5.194, 5.196; pg. 374 Standard 8.071</i></p> <p><i>The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. CFOC, pg. 273 Standard 5.231</i></p> <p><i>Constant direct supervision is also needed in order to ensure that even well-maintained equipment is not used in unsafe ways. CFOC, pgs. 58-59 Standard 2.028</i></p> <p><u><b>Enforcement</b></u></p> <p><i>This rule is cited only when there is not another rule that specifically addresses an observed lack of safe maintenance or use of the building, grounds, toys, and equipment. The noncompliance level depends on the violation observed. Check</i></p>	<p><b>(1) The provider shall ensure that the building, grounds, toys, and equipment are maintained and used in a safe manner to prevent injury to children.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>Proper maintenance is a key factor in trying to ensure a safe environment for children. Regular inspections are critical to prevent breakdown of equipment and the accumulation of hazards in the environment, and to ensure that needed repairs are made quickly. Regular maintenance checks and appropriate corrective actions documented in writing can reduce the risk of potential injury and provide a mechanism for periodic monitoring and improvements. CFOC, pgs. 109-110 Standard 3.038; pgs. 216-217 Standard 5.075; pg. 223 Standard 5.086; pgs. 262-264 Standards 5.194, 5.196; pg. 374 Standard 8.071</i></p> <p><i>The physical structure where children spend each day can present safety concerns if it is not kept in good repair and maintained in a safe condition. For example, peeling paint in older buildings may be ingested, floor surfaces in disrepair could cause falls and other injuries, broken windows could cause severe cuts. Children's environments must also be protected from exposure to moisture, dust, and excessive temperatures. CFOC, pg. 273 Standard 5.231</i></p> <p><u><i><b>The American Academy of Pediatrics and the American Public Health Association recommend that windows in areas used by children under age 5 not open more than 3.5 inches, or else be protected with guards that prevent children from falling out of the window. CFOC, pg. 193 Standard 5.014</b></i></u></p> <p><i>Constant direct supervision is also needed in order to ensure that even well-maintained equipment is not used in unsafe ways. CFOC, pgs. 58-59 Standard 2.028</i></p> <p><u><b>Enforcement</b></u></p> <p><i>This rule is cited only when there is not another rule that specifically addresses an observed lack of safe maintenance or use of the building, grounds, toys, and equipment. The noncompliance level depends on the violation observed. Check</i></p>

5/7/05 Version	3/13/08 Version
<i>with the Bureau Director before citing this rule.</i>	<i>with the Bureau Director before citing this rule.</i>
<p>(4) The following items shall be inaccessible to children:            (d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;</p> <p><u>Rationale / Explanation</u></p> <p><i>All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many non-house fire flash burn admissions to burn units. CFOC, pgs. 215-216 Standard 5.073; pgs. 229-230 Standard 5.100; pgs. 232-233 Standards 5.106, 5.107; pg. 251 Standard 5.158</i></p> <p><u>Enforcement</u></p> <p><i>Always Level 1 Noncompliance.</i></p>	<p>(4) The following items shall be inaccessible to children:            (d) toxic or hazardous chemicals such as cleaners, insecticides, lawn products, and flammable materials;</p> <p><u>Rationale / Explanation</u></p> <p><i>All of these substances can cause illness or death through accidental ingestion. Flammable materials are also involved in many non-house fire flash burn admissions to burn units. CFOC, pgs. 215-216 Standard 5.073; pgs. 229-230 Standard 5.100; pgs. 232-233 Standards 5.106, 5.107; pg. 251 Standard 5.158</i></p> <p><u>Enforcement</u></p> <p><i><u>For rooms with children age 2 and under, if an item is pushed to the back of a counter that is at least 36" high, the item will be considered inaccessible to the children.</u></i></p> <p><i><u>This rule is not intended to prevent preschoolers from engaging in supervised activities with shaving cream.</u></i></p> <p><i><u>Level 1 Noncompliance for all chemicals except cleaners.</u></i></p> <p><i><u>Level 2 Noncompliance for cleaners.</u></i></p>
<p>(4) The following items shall be inaccessible to children:            (e) poisonous plants;</p> <p><u>Rationale / Explanation</u></p> <p><i>Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. CFOC, pg. 232 Standard 5.106</i></p> <p><i>See CFOC, pg. 434, Appendix U for a list of safe and poisonous plants.</i></p>	<p>(4) The following items shall be inaccessible to children:            (e) poisonous plants;</p> <p><u>Rationale / Explanation</u></p> <p><i>Plants are among the most common household substances that children ingest. Poisonous plants can also cause skin rashes. CFOC, pg. 232 Standard 5.106</i></p> <p><i>See CFOC, pg. 434, Appendix U for a list of safe and poisonous plants.</i></p>

5/7/05 Version	3/13/08 Version
<p><b><u>Enforcement</u></b></p> <p><i>Always Level 2 Noncompliance.</i></p>	<p><b><u>Enforcement</u></b></p> <p><i><u>For rooms with children age 2 and under, if an item is pushed to the back of a counter that is at least 36" high, the item will be considered inaccessible to the children.</u></i></p> <p><i><u>Level 2 Noncompliance in rooms with mobile infants or toddlers.</u></i></p> <p><i><u>Level 3 Noncompliance otherwise.</u></i></p>
<p>(4) The following items shall be inaccessible to children: (h) sharp objects, edges, corners, or points which could cut or puncture skin;</p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. CFOC, pg. 109 Standard 3.038; pg. 223 Standard 8.087; pgs. 263-264 Standard 5.196</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Level 1 Noncompliance: If children have access to items with a blade (knives, adult scissors, razor blades, etc.), broken glass, or nails.</i></p>	<p>(4) The following items shall be inaccessible to children: (h) sharp objects, edges, corners, or points which could cut or puncture skin;</p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to prevent children from being cut or having their skin punctured by sharp objects. CFOC, pg. 109 Standard 3.038; pg. 223 Standard 8.087; pgs. 263-264 Standard 5.196</i></p> <p><b><u>Enforcement</u></b></p> <p><i><u>This rule does not include staplers or staple removers. It does not include adult scissors in school age rooms. It also does not include thumb tacks or push pins, except in infant or/or and toddler rooms where children may try to swallow these items.</u></i></p> <p><i><u>This rule is not meant to prohibit preschoolers from engaging in supervised woodworking activities.</u></i></p> <p><i><u>For rooms with children age 2 and under, if an item is pushed to the back of a counter that is at least 36" high, the item will be considered inaccessible to the children.</u></i></p> <p><i>Level 1 Noncompliance: If children have access to items with a blade (knives, adult scissors, razor blades, etc.) or broken glass. <del>or nails</del>.</i></p>

5/7/05 Version	3/13/08 Version
<p><i>Level 2 Noncompliance otherwise.</i></p> <p><b>(4) The following items shall be inaccessible to children:</b>            (i) for children age 4 and under, strings and cords long enough to encircle a child's neck, such as those found on pull toys, window blinds, or drapery cords;</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Window covering cords are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions, causing strangulation. CFOC, pg. 252 Standard 5.160</i></p> <p><u><a href="#">Enforcement</a></u></p> <p><i>This rule is not meant to prohibit preschoolers from using lacing cards or stringing beads, provided these are used under adult supervision.</i></p> <p><i>Level 1 Noncompliance: If a child has access to a rope or string longer than 12" that is attached to a solid structure at one end (for example, a blind or drape cord), such that a child could hang themselves from it.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>	<p><u><a href="#">Level 3 Noncompliance otherwise.</a></u></p> <p><b>(4) The following items shall be inaccessible to children:</b>            (i) for children age 4 and under, strings and cords long enough to encircle a child's neck, such as those found on pull toys, window blinds, or drapery cords;</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Window covering cords are frequently associated with strangulation of children under five years of age. Cords and ribbons tied to pacifiers can become tightly twisted, or can catch on crib corner posts or other protrusions, causing strangulation. CFOC, pg. 252 Standard 5.160</i></p> <p><u><a href="#">Enforcement</a></u></p> <p><i><u>This rule is not meant to prohibit preschoolers or school age children from engaging in activities with any of the following: lacing cards; stringing beads; yarn; ribbon; boondoggle; scarves; string; shoelaces; jump ropes; or dress-up clothing , purses, and jewelry.</u></i></p> <p><i><u>For rooms with children age 2 and under, if an item is pushed to the back of a counter that is at least 36" high, the item will be considered inaccessible to the children.</u></i></p> <p><i>Level 1 Noncompliance: If a child has access to a rope or string longer than 12" that is attached to a solid structure at one end (for example, a blind or drape cord), such that a child could hang themselves from it.</i></p> <p><u><a href="#">Level 3 Noncompliance otherwise.</a></u></p>
<p><b>(4) The following items shall be inaccessible to children:</b>            (j) for children age 4 and under, plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves</i></p>	<p><b>(4) The following items shall be inaccessible to children:</b>            (j) for children age 4 and under, plastic bags large enough for a child's head to fit inside, latex gloves, and balloons; and</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Plastic bags pose a suffocation risk for children. Rubber balloons and latex gloves</i></p>

5/7/05 Version	3/13/08 Version
<p>can cause choking if children accidentally swallow them, or bite off parts of them and swallow them. CFOC, pg. 109 Standard 3.038; pgs. 223-224 Standards 5.087, 5.089; pg. 252 Standard 5.159</p> <p><b><u>Enforcement</u></b></p> <p>Always Level 1 Noncompliance.</p>	<p>can cause choking if children accidentally swallow them, or bite off parts of them and swallow them. CFOC, pg. 109 Standard 3.038; pgs. 223-224 Standards 5.087, 5.089; pg. 252 Standard 5.159</p> <p><b><u>Enforcement</u></b></p> <p><i><u>This rule applies to empty plastic bags only, not plastic bags with something in them. This rule does not apply to latex gloves that are on a changing table, if they are only within reach of the child on the changing table.</u></i></p> <p><i><u>For rooms with children age 2 and under, if an item is pushed to the back of a counter that is at least 36" high, the item will be considered inaccessible to the children.</u></i></p> <p><i><u>Level 1 Noncompliance if a child is observed playing with an empty plastic bag large enough for a child's head to fit inside.</u></i></p> <p><i><u>Level 3 Noncompliance otherwise.</u></i></p>
<p>(4) The following items shall be inaccessible to children:</p> <p>(k) for children age 3 and under, toys or other items with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches, or objects with removable parts that have a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches.</p> <p><b><u>Rationale / Explanation</u></b></p> <p>These items pose a choking hazard for small children. CFOC, pg. 223 Standard 5.087</p> <p><b><u>Enforcement</u></b></p> <p>We have found an error in this rule that was not discovered until after the rules went into effect. The recommendation of the Consumer Product Safety Commission and the American Academy of Pediatrics is that children <b><u>under age 3</u></b> not have access to these items. After the Family and School Age rules have been completed, the Bureau will file an amendment to the Center rules to correct this mistake. In the</p>	<p>(4) The following items shall be inaccessible to children:</p> <p>(k) for children age 3 and under, toys or other items with a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches, or objects with removable parts that have a diameter of less than 1-1/4 inch and a length of less than 2-1/4 inches.</p> <p><b><u>Rationale / Explanation</u></b></p> <p>These items pose a choking hazard for small children. CFOC, pg. 223 Standard 5.087</p> <p><b><u>Enforcement</u></b></p> <p>We have found an error in this rule that was not discovered until after the rules went into effect. The recommendation of the Consumer Product Safety Commission and the American Academy of Pediatrics is that children <b><u>under age 3</u></b> not have access to these items. After the Family and School Age rules have been completed, the Bureau will file an amendment to the Center rules to correct this mistake. In the</p>

5/7/05 Version	3/13/08 Version
<p>meantime, the Bureau will only enforce this rule for children under age 3. This means the Bureau will not enforce this rule for 3 year old children.</p> <p>This rule does not apply to two-year-olds having access to crayons or chalk.</p> <p>If children age two and under are in a carefully supervised activity, such as an art activity with a caregiver sitting at the art table with them, they may use art materials smaller than the allowed size, such as pom-poms or craft eyes. However, these items may not be accessible to these children unless a caregiver is at the table with the children supervising their use of these items.</p> <p>Always Level 1 Noncompliance.</p>	<p>meantime, the Bureau will only enforce this rule for children under age 3. This means the Bureau will not enforce this rule for 3 year old children.</p> <p>This rule does not apply to two-year-olds having access to crayons or chalk. <u>For toddlers and twos, this rule also does not apply to items ½" in diameter or smaller, such as rice, beans, small buttons, small beads, sequins, and small craft eyes, because they are small enough that if a child swallows one, it would not be large enough to block the airway and make a child unable to breathe. For this same reason, paper clips accessible to children are not a violation of this rule.</u></p> <p>If children age two and under are in a carefully supervised activity, such as an art activity with a caregiver sitting at the art table with them, they may use art materials smaller than the allowed size, such as pom-poms <u>or craft eyes larger than ½" in diameter.</u> However, these items may not be accessible to these children unless a caregiver is at the table with the children supervising their use of these items.</p> <p><u>For rooms with children age 2 and under, if an item is pushed to the back of a counter that is at least 36" high, the item will be considered inaccessible to the children.</u></p> <p>Always Level 1 Noncompliance.</p>
<p>(5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.</p> <p><u>Rationale / Explanation</u></p> <p>The purpose of this rule is so that a toxic or hazardous chemical is not mistaken for a harmless material. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. CFOC, pgs. 229-230 Standard 5.100</p> <p><u>Enforcement</u></p> <p>Always Level 1 Noncompliance.</p>	<p>(5) The provider shall store all toxic or hazardous chemicals in a container labeled with its contents.</p> <p><u>Rationale / Explanation</u></p> <p>The purpose of this rule is so that a toxic or hazardous chemical is not mistaken for a harmless material. For example, an unlabeled bottle of bleach water used for sanitizing could be mistaken for plain water. CFOC, pgs. 229-230 Standard 5.100</p> <p><u>Enforcement</u></p> <p><u>Level 1 Noncompliance if an unlabeled container with a toxic or hazardous chemical in it is accessible to children.</u></p>

5/7/05 Version	3/13/08 Version
<p data-bbox="128 232 1020 334"><b>(9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.</b></p> <p data-bbox="128 370 394 402"><u><b>Rationale / Explanation</b></u></p> <p data-bbox="128 440 1020 646"><i>This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197</i></p> <p data-bbox="128 683 279 716"><u><b>Enforcement</b></u></p> <p data-bbox="128 857 1020 922"><i>Level 1 Noncompliance: If indoor play equipment exceeds the allowed height, and does not have the required cushioning.</i></p> <p data-bbox="128 959 1020 1024"><i>Level 2 Noncompliance: If indoor play equipment exceeds the allowed height, but has the required cushioning.</i></p>	<p data-bbox="1060 180 1457 212"><u><b>Level 2 Noncompliance otherwise.</b></u></p> <p data-bbox="1060 232 1953 334"><b>(9) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children under age 3 shall not have a designated play surface that exceeds 3 feet in height.</b></p> <p data-bbox="1060 370 1327 402"><u><b>Rationale / Explanation</b></u></p> <p data-bbox="1060 440 1953 646"><i>This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197</i></p> <p data-bbox="1060 683 1211 716"><u><b>Enforcement</b></u></p> <p data-bbox="1060 753 1953 818"><u><b><i>This rule only applies to stationary gross motor play equipment, such as a climber, slide, swing (not an infant swing), merry-go-round, or spring rocker.</i></b></u></p> <p data-bbox="1060 857 1953 922"><i>Level 1 Noncompliance: If indoor play equipment exceeds the allowed height, and does not have the required cushioning.</i></p> <p data-bbox="1060 959 1953 1024"><i>Level 2 Noncompliance: If indoor play equipment exceeds the allowed height, but has the required cushioning.</i></p>
<p data-bbox="128 1049 1020 1151"><b>(10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.</b></p> <p data-bbox="128 1187 394 1219"><u><b>Rationale / Explanation</b></u></p> <p data-bbox="128 1256 1020 1463"><i>This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197</i></p>	<p data-bbox="1060 1049 1953 1151"><b>(10) Indoor stationary gross motor play equipment, such as slides and climbers, accessible to children age 3 and older shall not have a designated play surface that exceeds 5-1/2 feet in height.</b></p> <p data-bbox="1060 1187 1327 1219"><u><b>Rationale / Explanation</b></u></p> <p data-bbox="1060 1256 1953 1463"><i>This rule is based on guidelines from the Consumer Product Safety Commission. Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on play equipment are from children falling. Hard surfaces are not acceptable under most play equipment. A fall onto a hard surface could be life threatening. CFOC, pgs. 216-217 Standard 5.075; pgs. 259-260 Standard 5.183; pg. 264 Standard 5.197</i></p>

5/7/05 Version	3/13/08 Version
<p><b><u>Enforcement</u></b></p> <p>.</p> <p>Level 1 Noncompliance: If indoor play equipment exceeds the allowed height, and does not have the required cushioning.</p> <p>Level 2 Noncompliance: If indoor play equipment exceeds the allowed height, but has the required cushioning.</p>	<p><b><u>Enforcement</u></b></p> <p><u><i>This rule only applies to stationary gross motor play equipment, such as a climber, slide, swing, merry-go-round, or spring rocker.</i></u></p> <p>Level 1 Noncompliance: If indoor play equipment exceeds the allowed height, and does not have the required cushioning.</p> <p>Level 2 Noncompliance: If indoor play equipment exceeds the allowed height, but has the required cushioning.</p>
<b>R430-100-13. PARENT NOTIFICATION AND CHILD SECURITY.</b>	
<p>(2) Parents shall have access to the center and their child's classroom at all times their child is in care.</p> <p><b><u>Rationale / Explanation</u></b></p> <p>Allowing parents unrestricted access to the center and their child's classroom at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, pgs. 67-68 Standard 2.046; pgs. 376-377 Standard 8.077</p> <p><b><u>Enforcement</u></b></p> <p>Always Level 2 Noncompliance.</p>	<p>(2) Parents shall have access to the center and their child's classroom at all times their child is in care.</p> <p><b><u>Rationale / Explanation</u></b></p> <p>Allowing parents unrestricted access to the center and their child's classroom at all times is one of the most important methods of preventing abuse and inappropriate discipline. When access is restricted, areas observable by parents may not reflect the care children actually receive on a day-to-day basis. CFOC, pgs. 67-68 Standard 2.046; pgs. 376-377 Standard 8.077</p> <p><b><u>Enforcement</u></b></p> <p><u><i>If a center's door is locked for security reasons and parents must ring a doorbell for someone inside to come and let them in, there must always be someone at the front desk or in the entry area at all times to immediately let parents into the center. If there are periods when the front desk or entry area are not staffed, so that parents have to wait for someone to come and let them in, the center is not in compliance with this rule. An alternative would be for the center to lock their door with a coded key pad, and give parents a code that lets them enter the door.</i></u></p> <p>Always Level 2 Noncompliance.</p>
(4) The provider shall give parents a written report of every incident, accident,	(4) The provider shall give parents a written report of every incident, accident,

5/7/05 Version	3/13/08 Version
<p>or injury involving their child on the day of occurrence. The caregivers involved, the center director, and the person picking the child up shall sign the report on the day of occurrence.</p> <p><u>Rationale / Explanation</u></p> <p><i>The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall, but may actually have a concussion. Incident reports can also allow providers to recognize Injury patterns and possible abuse to a child. CFOC, pgs. 369-370 Standard 8.062</i></p> <p><u>Enforcement</u></p> <p><i>Examples of incidents that parents should receive a written report for include: any injury involving their child, forgetting to pick a child up after school, children getting into a fight that results in injury, a serious discipline problem involving their child, or a child escaping from the center without adult supervision.</i></p> <p><i>If the person picking up a child refuses to sign or take the incident report, the center will not be found out of compliance with this rule, provided they can demonstrate that they have an effective process in place to get same-day signatures on reports, and have made a good faith effort to follow that process.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p>or injury involving their child on the day of occurrence. The caregivers involved, the center director, and the person picking the child up shall sign the report on the day of occurrence.</p> <p><u>Rationale / Explanation</u></p> <p><i>The purpose of this rule is to ensure that parents are informed of every incident involving their child. This is important to protect both the provider and the child. Without an injury report, parents may not know to watch their child for possible harm that may turn out to be more serious than was immediately apparent. For example, a child may seem okay after a fall, but may actually have a concussion. Incident reports can also allow providers to recognize Injury patterns and possible abuse to a child. CFOC, pgs. 369-370 Standard 8.062</i></p> <p><u>Enforcement</u></p> <p><i>Examples of incidents that parents should receive a written report for include: any injury involving their child, forgetting to pick a child up after school, <b>a child being bitten or biting another child</b>, children getting into a fight that results in injury, a serious discipline problem involving their child, or a child escaping from the center without adult supervision.</i></p> <p><i>If the person picking up a child refuses to sign or take the incident report, the center will not be found out of compliance with this rule, provided they can demonstrate that they have an effective process in place to get same-day signatures on reports, and have made a good faith effort to follow that process.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>
<b>R430-100-14. CHILD HEALTH.</b>	
<p>(4) The provider shall not admit any child to the center without documentation of:</p> <ul style="list-style-type: none"> <li>(a) proof of current immunizations, as required by Utah law;</li> <li>(b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or</li> <li>(c) written documentation of an immunization exemption due to personal,</li> </ul>	<p>(4) The provider shall not admit any child to the center without documentation of:</p> <ul style="list-style-type: none"> <li>(a) proof of current immunizations, as required by Utah law;</li> <li>(b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or</li> <li>(c) written documentation of an immunization exemption due to personal,</li> </ul>

5/7/05 Version	3/13/08 Version
<p>medical or religious reasons.</p> <p><a href="#">Rationale / Explanation</a></p> <p><i>Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, pgs. 87-88 Standards 3.005, 3.006; pg. 342 Standard 8.014</i></p> <p><a href="#">Enforcement</a></p> <p><i>If a provider indicates they do not have the required immunization records, cite this rule as being out of compliance. If they indicate they have the record, but cannot locate it during your visit, do not cite this rule. Rather, cite R430-9(1)(h)(iii) as being out of compliance. Should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, both this rule and R430-9(1)(h)(iii) should be cited as out of compliance.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p>medical or religious reasons.</p> <p><a href="#">Rationale / Explanation</a></p> <p><i>Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, pgs. 87-88 Standards 3.005, 3.006; pg. 342 Standard 8.014</i></p> <p><a href="#">Enforcement</a></p> <p><i><u>If a provider indicates they do not have the required immunization records cite this rule. If the provider indicates they have any of these records, but cannot find them during an on-site visit, cite R430-9(1)(h)(iii) only as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite this rule.</u></i></p> <p><i>Always Level 3 Noncompliance.</i></p>
<p>(5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:</p> <ul style="list-style-type: none"> <li>(a) allergies;</li> <li>(b) food sensitivities;</li> <li>(c) acute and chronic medical conditions;</li> <li>(d) instructions for special or non-routine daily health care;</li> <li>(e) current medications; and,</li> <li>(f) any other special health instructions for the caregiver.</li> </ul> <p>(6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.</p> <p><a href="#">Rationale / Explanation</a></p> <p><i>Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, pg. 71 Standard 2.054</i></p>	<p>(5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:</p> <ul style="list-style-type: none"> <li>(a) allergies;</li> <li>(b) food sensitivities;</li> <li>(c) acute and chronic medical conditions;</li> <li>(d) instructions for special or non-routine daily health care;</li> <li>(e) current medications; and,</li> <li>(f) any other special health instructions for the caregiver.</li> </ul> <p>(6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.</p> <p><a href="#">Rationale / Explanation</a></p> <p><i>Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, pg. 71 Standard 2.054</i></p>

5/7/05 Version	3/13/08 Version
<p><b><u>Enforcement</u></b></p> <p><i>The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. As long as the health assessment asks about any medical conditions the child has, it meets this rule.</i></p> <p><i>If a provider indicates they <b>do not have</b> the required health assessments, cite this rule as being out of compliance. If they indicate they have the assessments, but cannot locate it during your visit, do not cite this rule. Rather, cite R430-9(1)(h)(ii) as being out of compliance. Should the provider still not have the required health assessment(s) on the follow-up visit, or if dates on the assessment(s) at the follow-up visit indicate the assessment was not completed until after the initial visit, <b>both</b> this rule and R430-9(1)(h)(ii) should be cited as out of compliance.</i></p> <p><i>Level 1 Noncompliance: If lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.</i></p> <p><i>Level 3 Noncompliance otherwise.</i></p>	<p><u><i>Food sensitivities can result in minor irritations (rashes, loose stools) whereas a true allergy could cause a life-threatening reaction (anaphylaxis, severe asthma attack, hives, etc.).</i></u></p> <p><b><u>Enforcement</u></b></p> <p><i>The health assessment form used by the center does not have to use the specific words "acute" and "chronic," which parents may not understand. As long as the health assessment asks about any medical conditions the child has, it meets this rule.</i></p> <p><u><i>If the center's health assessments asks for any food or drink restrictions, this meets the requirement for (b) food sensitivities. The center does not have to use the specific words "food sensitivities."</i></u></p> <p><u><i>If a provider indicates they do not have the required health assessments cite this rule. If the provider indicates they have any of these records, but cannot find them during an on-site visit, cite R430-9(1)(h)(ii) only as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite this rule.</i></u></p> <p><i>Level 1 Noncompliance: If lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.</i></p> <p><i>Level 3 Noncompliance otherwise.</i></p>
<b>R430-100-15. CHILD NUTRITION.</b>	
<p>(1) If food service is provided:</p> <p>(b) Foods served by centers not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, or menus approved by a registered dietitian. Dietitian approval shall be noted and dated on the menus,</p>	<p>(1) If food service is provided:</p> <p>(b) Foods served by centers not currently participating and in good standing with the USDA Child and Adult Care Food Program (CACFP) shall comply with the nutritional requirements of the CACFP. The licensee shall either use standard Department-approved menus, menus provided by the CACFP, or menus approved by a registered dietitian. Dietitian approval shall be noted and dated on the menus,</p>

5/7/05 Version	3/13/08 Version
<p>and shall be current within the past 5 years.</p> <p><u>Rationale / Explanation</u></p> <p><i>Nourishing food is the cornerstone for children’s health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs. The CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition. CFOC, pgs. 149-150 Standards 4.001, 4.002</i></p> <p><u>Enforcement</u></p> <p>Level 2 Noncompliance, except as specified in Level 3 below.</p> <p>Level 3 Noncompliance: <i>If the provider is using non-approved menus not signed by a registered dietician, but the meals served meet CACFP nutritional requirements.</i></p>	<p>and shall be current within the past 5 years.</p> <p><u>Rationale / Explanation</u></p> <p><i>Nourishing food is the cornerstone for children’s health, growth, and development. Because young children grow and develop more rapidly during the first few years of life than at any other time, they must be provided food that is adequate in amount and type to meet their basic metabolic, growth, and energy needs. The CACFP regulations, policies, and guidance materials on meal requirements provide the basic guidelines for good nutrition. CFOC, pgs. 149-150 Standards 4.001, 4.002</i></p> <p><u>Enforcement</u></p> <p>Level 2 Noncompliance, except as specified in Level 3 below.</p> <p>Level 3 Noncompliance: <i>If the provider is using non-approved menus not signed <b>and/or dated</b> by a registered dietician, but the meals served meet CACFP nutritional requirements.</i></p>
<p>(1) If food service is provided: (d) The provider shall post the current week’s menu for parent review.</p> <p><u>Rationale / Explanation</u></p> <p><i>Making menus available to parents by posting them in a prominent area helps to inform parents about proper nutrition, and allows parents to know if a food is being served that their child has an allergy to. It also allows parents to plan meals at home that do not duplicate what the child ate at the center that day. CFOC, pgs. 152-153 Standard 4.008</i></p> <p><u>Enforcement</u></p> <p>Always Level 3 Noncompliance.</p>	<p>(1) If food service is provided: (d) The provider shall post the current week’s menu for parent review.</p> <p><u>Rationale / Explanation</u></p> <p><i>Making menus available to parents by posting them in a prominent area helps to inform parents about proper nutrition, and allows parents to know if a food is being served that their child has an allergy to. It also allows parents to plan meals at home that do not duplicate what the child ate at the center that day. CFOC, pgs. 152-153 Standard 4.008</i></p> <p><u>Enforcement</u></p> <p><i><b><u>If the center uses a rotating menu, the date needs to be on each week, so the parents know which menu is being served this week.</u></b></i></p> <p>Always Level 3 Noncompliance.</p>
<p>(2) The provider shall offer meals or snacks at least once every three hours.</p>	<p>(2) The provider shall offer meals or snacks at least once every three hours.</p>

5/7/05 Version	3/13/08 Version
<p><u><a href="#">Rationale / Explanation</a></u></p> <p>Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food. CFOC, pgs. 150-151 Standard 4.003</p> <p><u><a href="#">Enforcement</a></u></p> <p>The three hour period goes from one meal start time to the next meal start time. For example, if a center serves lunch from 12:00 – 12:30, an afternoon snack would need to be served by 3:00 pm. If a center has an extended meal period (if, for example, breakfast is served from 6 am until 8 am, depending on when children arrive), then the provider needs to have a way to ensure that children who arrive when the center opens and eat at 6 am are offered something to eat again by 9 am.</p> <p>For centers who provide late evening or overnight care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.</p> <p>Level 2 Noncompliance: If a child goes more than four hours without being given a meal or snack.</p> <p>Level 3 Noncompliance: If child goes more than three hours but less than 4 hours without being given a meal or snack.</p>	<p><u><a href="#">Rationale / Explanation</a></u></p> <p>Young children need to be fed often. Appetite and interest in food varies from one meal or snack to the next. To ensure that the child's daily nutritional needs are met, small feedings of nourishing food should be scheduled over the course of a day. Snacks should be nutritious, as they often are a significant part of a child's daily intake of food. CFOC, pgs. 150-151 Standard 4.003</p> <p><u><a href="#">Enforcement</a></u></p> <p><u><a href="#">Meal times will be counted from the end of one meal time to the start of the next meal time. An extra 30 minutes will be allowed at the end of nap time if needed, to allow children time to wake up from their nap and get ready for snack.</a></u></p> <p>For centers who provide late evening or overnight care, meals or snacks do not need to be served every three hours after children have gone to bed for the night.</p> <p>Level 2 Noncompliance: If a child goes more than four hours without being given a meal or snack.</p> <p>Level 3 Noncompliance: If a child goes more than three hours but less than 4 hours without being given a meal or snack.</p>
<p><b>(5) The provider shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's full name, and refrigerated if needed.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p>The purposes of this rule are to ensure that children are not accidentally served food brought by another child, and to ensure that food brought from home does not cause foodborne illness. Foodborne illness and poisoning is a common occurrence when food has not been properly refrigerated and covered. Although many of these illnesses are limited to vomiting and diarrhea, some are life-threatening. CFOC, pg.</p>	<p><b>(5) The provider shall ensure that food and drink brought in by parents for an individual child's use is labeled with the child's full name, and refrigerated if needed.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p>The purposes of this rule are to ensure that children are not accidentally served food brought by another child, and to ensure that food brought from home does not cause foodborne illness. Foodborne illness and poisoning is a common occurrence when food has not been properly refrigerated and covered. Although many of these illnesses are limited to vomiting and diarrhea, some are life-threatening. CFOC, pg.</p>

5/7/05 Version	3/13/08 Version
<p>169 Standard 4.040</p> <p><b><u>Enforcement</u></b></p> <p><i>Food and drink brought from home can be labeled with the child's first name only, unless there is more than one child in the center with food or drink brought from home who has the same first name. When this is the case, the food and drink can be labeled with the child's first name and last initial. If there is more than one child in the center with food or drink brought in from home who has the same first name and last initial, the food and drink must be labeled with the child's full first and last name.</i></p> <p><i>Level 1 Noncompliance: If failure to follow this rule results in a child being served food they are allergic to.</i></p> <p><i>Level 3 Noncompliance otherwise.</i></p>	<p>169 Standard 4.040</p> <p><b><u>Enforcement</u></b></p> <p><i>Food and drink brought from home can be labeled with the child's first name only, unless there is more than one child in the center with food or drink brought from home who has the same first name. When this is the case, the food and drink can be labeled with the child's first name and last initial. If there is more than one child in the center with food or drink brought in from home who has the same first name and last initial, the food and drink must be labeled with the child's full first and last name.</i></p> <p><b><u>Refrigerated can include being in a lunch container with a cold pack.</u></b></p> <p><i>Level 1 Noncompliance: If failure to follow this rule results in a child being served food they are allergic to.</i></p> <p><i>Level 3 Noncompliance otherwise.</i></p>
<b>R430-100-16. INFECTION CONTROL.</b>	
<p>(1) Staff shall wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:</p> <ul style="list-style-type: none"> <li>(a) before handling or preparing food or bottles;</li> <li>(b) before and after eating meals and snacks or feeding children;</li> <li>(c) before and after diapering a child;</li> <li>(d) after using the toilet or helping a child use the toilet;</li> <li>(e) before administering medication;</li> <li>(f) after coming into contact with body fluids, including breast milk;</li> <li>(g) after playing with or handling animals;</li> <li>(h) when coming in from outdoors; and</li> <li>(i) after cleaning or taking out garbage.</li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In</i></p>	<p>(1) Staff shall wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:</p> <ul style="list-style-type: none"> <li>(a) before handling or preparing food or bottles;</li> <li>(b) before and after eating meals and snacks or feeding children;</li> <li>(c) before and after diapering a child;</li> <li>(d) after using the toilet or helping a child use the toilet;</li> <li>(e) before administering medication;</li> <li>(f) after coming into contact with body fluids, including breast milk;</li> <li>(g) after playing with or handling animals;</li> <li>(h) when coming in from outdoors; and</li> <li>(i) after cleaning or taking out garbage.</li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In</i></p>

5/7/05 Version	3/13/08 Version
<p><i>centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024</i></p> <p><i>Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:</i></p> <ul style="list-style-type: none"> <li><i>• in human waste (urine, stool)</i></li> <li><i>• in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)</i></li> <li><i>• through cuts or skin sores</i></li> <li><i>• by direct skin-to-skin contact</i></li> <li><i>• by touching an object that has germs on it</i></li> <li><i>• in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, pgs. 97-98 Standard 3.020</i></li> </ul> <p><i>Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.</i></p>	<p><i>centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024</i></p> <p><i>Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:</i></p> <ul style="list-style-type: none"> <li><i>• in human waste (urine, stool)</i></li> <li><i>• in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)</i></li> <li><i>• through cuts or skin sores</i></li> <li><i>• by direct skin-to-skin contact</i></li> <li><i>• by touching an object that has germs on it</i></li> <li><i>• in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, pgs. 97-98 Standard 3.020</i></li> </ul> <p><i>Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.</i></p>

5/7/05 Version	3/13/08 Version
<p><i>Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><i>Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><b><u>Enforcement</u></b></p> <p><i>In classrooms without a sink, caregivers may use hand sanitizer after wiping children's noses.</i></p> <p><i>Level 1 Noncompliance: If handwashing does not take place a caregiver uses the toilet. Or, if a caregiver does not wash his/her hands after a diaper change when the diaper was soiled with feces.</i></p> <p><i>Level 2 Noncompliance: If handwashing does not take place at any of the other required times, including after a diaper change when the diaper was only wet, but not soiled with feces.</i></p> <p><i>Level 3 Noncompliance: If handwashing takes place, but not for 20 seconds.</i></p>	<p><i>Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><i>Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><b><u>Enforcement</u></b></p> <p><i>In classrooms without a sink, caregivers may use hand sanitizer after wiping children's noses.</i></p> <p><i>Level 1 Noncompliance: If handwashing does not take place after a caregiver uses the toilet. <b><u>If a caregiver does not wash his/her hands after a diaper change, cite R430-23(7), not this rule.</u></b></i></p> <p><b><u>Level 2 Noncompliance otherwise.</u></b></p>
<p><b>(2) The provider shall ensure that children wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:</b></p> <ul style="list-style-type: none"> <li><b>(a) before and after eating meals and snacks;</b></li> <li><b>(b) after using the toilet;</b></li> <li><b>(c) after coming into contact with body fluids;</b></li> <li><b>(d) after playing with animals; and</b></li> <li><b>(e) when coming in from outdoors.</b></li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Handwashing is the most important way to reduce the spread of infection. Many</i></p>	<p><b>(2) The provider shall ensure that children wash their hands thoroughly for at least 20 seconds with liquid soap and warm running water at the following times:</b></p> <ul style="list-style-type: none"> <li><b>(a) before and after eating meals and snacks;</b></li> <li><b>(b) after using the toilet;</b></li> <li><b>(c) after coming into contact with body fluids;</b></li> <li><b>(d) after playing with animals; and</b></li> <li><b>(e) when coming in from outdoors.</b></li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Handwashing is the most important way to reduce the spread of infection. Many</i></p>

5/7/05 Version	3/13/08 Version
<p><i>studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024</i></p> <p><i>Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:</i></p> <ul style="list-style-type: none"> <li><i>• in human waste (urine, stool)</i></li> <li><i>• in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)</i></li> <li><i>• through cuts or skin sores</i></li> <li><i>• by direct skin-to-skin contact</i></li> <li><i>• by touching an object that has germs on it</i></li> <li><i>• in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, pgs. 97-98 Standard 3.020</i></li> </ul> <p><i>Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more</i></p>	<p><i>studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea among children and caregivers in child care centers. In centers that have implemented a handwashing training program, the incidents of diarrheal illness has decreased by 50%. One study also found that handwashing helped to reduce colds when frequent proper handwashing practices were incorporated into a child care center's curriculum. CFOC, pgs. 97-98 Standard 3.020; pg. 100 Standard 3.024</i></p> <p><i>Washing hands after eating is especially important for children who eat with their hands, to decrease the amount of saliva (which may contain organisms) on their hands. Good handwashing after playing in sandboxes will help prevent ingesting parasites that can be present in contaminated sand and soil. Animals, including pets, are a source of infection for people, and people may be a source of infection for animals. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Illness can be spread in a variety of ways that can be reduced with proper handwashing, including:</i></p> <ul style="list-style-type: none"> <li><i>• in human waste (urine, stool)</i></li> <li><i>• in body fluids (saliva, nasal discharge, secretions from open injuries, eye, discharge, blood, etc.)</i></li> <li><i>• through cuts or skin sores</i></li> <li><i>• by direct skin-to-skin contact</i></li> <li><i>• by touching an object that has germs on it</i></li> <li><i>• in drops of water that travel through the air, such as those produced by sneezing or coughing. CFOC, pgs. 97-98 Standard 3.020</i></li> </ul> <p><i>Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC, pgs. 97-98 Standard 3.020</i></p> <p><i>Running water over the hands removes soil, including infection-causing organisms. Wetting the hands before applying soap helps create a lather. The soap lather loosens soil and brings it into the solution on the surface of the skin. Rinsing the lather off into a sink removes the soil from the hands that the soap loosened. Warm water (no less than 60 degrees Fahrenheit and no more than 120 degrees) is more</i></p>

5/7/05 Version	3/13/08 Version
<p><i>comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.</i></p> <p><i>Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with Pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><i>Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Level 2 Noncompliance: If handwashing does not take place at each of the required times.</i></p> <p><i>Level 3 Noncompliance: If handwashing takes place, but not for 20 seconds.</i></p>	<p><i>comfortable than cold water, which increases the likelihood that children and adults will adequately rinse their hands.</i></p> <p><i>Using liquid soap is preferable over bar soap. Bar soaps sitting in water have been shown to be heavily contaminated with Pseudomonas and other bacteria. In addition, many children do not have the dexterity to handle a bar of soap, and many adults and children do not take the time to rise off the soil that has gotten on the bar of soap before putting it down. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><i>Using a paper towel to turn off the faucet after handwashing can prevent the re-contamination of just-washed hands by germs on the faucet. CFOC, pgs. 98-99 Standard 3.021</i></p> <p><b><u>Enforcement</u></b></p> <p><b><u>Always Level 2 Noncompliance.</u></b></p>
<p><b>(5) The provider shall post handwashing procedures at each handwashing sink, and they shall be followed.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of the rule is so that staff and children have visual handwashing reminders at each sink. Pictures of the steps to proper handwashing remind children who cannot yet read what the proper handwashing steps are.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p><b>(5) The provider shall post handwashing procedures at each handwashing sink, and they shall be followed.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of the rule is so that staff and children have visual handwashing reminders at each sink. Pictures of the steps to proper handwashing remind children who cannot yet read what the proper handwashing steps are.</i></p> <p><b><u>Enforcement</u></b></p> <p><b><u>This rule only applies to sinks that are used for handwashing.</u></b></p> <p><i>Always Level 3 Noncompliance.</i></p>
<p><b>(7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so</b></p>	<p><b>(7) Personal hygiene items such as toothbrushes, or combs and hair accessories that are not sanitized between each use, shall not be shared by children or used by staff on more than one child, and shall be stored so</b></p>

5/7/05 Version	3/13/08 Version
<p>that they do not touch each other.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, pgs. 226-227 Standards 5.094, 5.095</i></p> <p><u><a href="#">Enforcement</a></u></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p>that they do not touch each other.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Respiratory, gastrointestinal, and skin infections such as lice, scabies, and ringworm, are among the most common infectious diseases in child care. These diseases are transmitted by direct skin-to-skin contact and by sharing personal items such as combs, brushes, towels, clothing, and bedding. Toothbrushes are contaminated with infectious agents from the mouth and must not be allowed to serve as a conduit of infection from one child to another. CFOC, pgs. 226-227 Standards 5.094, 5.095</i></p> <p><u><a href="#">Enforcement</a></u></p> <p><u><a href="#">Personal hygiene items include make-up.</a></u></p> <p><i>Always Level 3 Noncompliance.</i></p>
<p>(11) The licensee shall ensure that all employees are tested for tuberculosis (TB) within two weeks of hire by an acceptable skin testing method and follow-up.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Tuberculosis (TB) is a serious, contagious disease that can be spread from human-to-human long before the infected person realizes that they are infectious. There has been a dramatic rise in the incidence of TB in recent years, due to factors such as increased immigration from countries with high rates of TB, increases in foreign travel (which increases exposure), and an increased number of individuals who suffer from immune deficiency disorders which make them particularly susceptible to acquiring and spreading TB.</i></p> <p><i>The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045</i></p>	<p>(11) The licensee shall ensure that all employees are tested for tuberculosis (TB) within two weeks of hire by an acceptable skin testing method and follow-up.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>Tuberculosis (TB) is a serious, contagious disease that can be spread from human-to-human long before the infected person realizes that they are infectious. There has been a dramatic rise in the incidence of TB in recent years, due to factors such as increased immigration from countries with high rates of TB, increases in foreign travel (which increases exposure), and an increased number of individuals who suffer from immune deficiency disorders which make them particularly susceptible to acquiring and spreading TB.</i></p> <p><i>The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045</i></p>

5/7/05 Version	3/13/08 Version
<p><b><u>Enforcement</u></b></p> <p><i>The Bureau will accept proof of a negative TB test conducted prior to employment, if the person has not traveled outside of the United States or worked with a homeless population since the test was done.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p><b><u>Enforcement</u></b></p> <p><i>The Bureau will accept proof of a negative TB test conducted prior to employment, if the person has not traveled outside of the United States or worked with a homeless population since the test was done.</i></p> <p><i><b><u>If a person has a positive skin test, but subsequent x-rays show no TB, the Bureau will accept documentation of the clear x-rays as a negative TB test.</u></b></i></p> <p><i><b><u>Always Level 2 Noncompliance.</u></b></i></p>
<p>(12) If the TB test is positive, the caregiver shall provide documentation from a health care provider detailing:</p> <ul style="list-style-type: none"> <li>(a) the reason for the positive reaction;</li> <li>(b) whether or not the person is contagious; and</li> <li>(c) if needed, how the person is being treated.</li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p>(12) If the TB test is positive, the caregiver shall provide documentation from a health care provider detailing:</p> <ul style="list-style-type: none"> <li>(a) the reason for the positive reaction;</li> <li>(b) whether or not the person is contagious; and</li> <li>(c) if needed, how the person is being treated.</li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to prevent the spread of TB from infected adults to children. Young children acquire TB from infected adults or adolescents. Tuberculosis organisms are spread by the inhalation of small particles which are produced when an infected adult or adolescent coughs or sneezes. Transmission usually occurs in an indoor environment. CFOC, pgs. 291 -292 Standard6.014; pgs. 36-37 Standard 1.045</i></p> <p><b><u>Enforcement</u></b></p> <p><i><b><u>Always Level 2 Noncompliance.</u></b></i></p>
<p>(16) Children's clothing which is wet or soiled from body fluids:</p> <ul style="list-style-type: none"> <li>(a) shall not be rinsed or washed at the center; and</li> <li>(b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.</li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Containing and minimizing the handling of soiled clothing so it does not contaminate</i></p>	<p>(16) Children's clothing which is wet or soiled from body fluids:</p> <ul style="list-style-type: none"> <li>(a) shall not be rinsed or washed at the center; and</li> <li>(b) shall be placed in a leakproof container, labeled with the child's name, and returned to the parent.</li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Containing and minimizing the handling of soiled clothing so it does not contaminate</i></p>

5/7/05 Version	3/13/08 Version
<p><i>other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, pg. 96 Standard 3.018</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Plastic grocery bags are not considered a leakproof container. Many contain holes for ventilation, and the top of the bag is not leakproof even when it is tied in a knot.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p><i>other surfaces is essential to prevent the spread of infectious disease. Rinsing soiled clothing or putting stool into a toilet in the child care center increases the likelihood that other surfaces will be contaminated. CFOC, pg. 96 Standard 3.018</i></p> <p><b><u>Enforcement</u></b></p> <p><i><b><u>Plastic grocery bags may be used for wet or soiled clothing, but only if they don't have holes in the bottom or sides. Grocery bags with holes in the bottom or sides cannot be used, because they are not leakproof. If a bag without holes still leaks when holding wet or soiled clothes, that type of bag cannot be used.</u></b></i></p> <p><i>Always Level 3 Noncompliance.</i></p>
<b>R430-100-17. MEDICATIONS.</b>	
<p><b>(4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:</b></p> <ul style="list-style-type: none"> <li><b>(a) the name of the medication;</b></li> <li><b>(b) written instructions for administration; including:</b> <ul style="list-style-type: none"> <li><b>(i) the dosage;</b></li> <li><b>(ii) the method of administration;</b></li> <li><b>(iii) the times and dates to be administered; and</b></li> <li><b>(iv) the disease or condition being treated; and</b></li> </ul> </li> <li><b>(c) the parent signature and the date signed.</b></li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, pgs. 137-138 Standard 3.081; pgs. 363-364 Standard 8.051</i></p> <p><i>A medication's method of administration means the way the medication is given. For example: orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).</i></p> <p><del><i>For the purposes of this rule, medications do not include topical antiseptic from a first</i></del></p>	<p><b>(4) The provider shall have a written medication permission form completed and signed by the parent prior to administering any over-the-counter or prescription medication to a child. The permission form must include:</b></p> <ul style="list-style-type: none"> <li><b>(a) the name of the medication;</b></li> <li><b>(b) written instructions for administration; including:</b> <ul style="list-style-type: none"> <li><b>(i) the dosage;</b></li> <li><b>(ii) the method of administration;</b></li> <li><b>(iii) the times and dates to be administered; and</b></li> <li><b>(iv) the disease or condition being treated; and</b></li> </ul> </li> <li><b>(c) the parent signature and the date signed.</b></li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to protect both providers and children by ensuring that medication is never given to a child without written parental permission. CFOC, pgs. 137-138 Standard 3.081; pgs. 363-364 Standard 8.051</i></p> <p><i>A medication's method of administration means the way the medication is given. For example: orally (by mouth), topically (applied to the skin), in drops (ears or eyes), or inhaled (through the mouth or nasally).</i></p> <p><i><b><u>This paragraph has been moved to "Enforcement" below.</u></b></i></p>

5/7/05 Version	3/13/08 Version
<p><del>aid kit, diaper cream, sunscreen, baby powder, or baby lotion.</del></p> <p><b><u>Enforcement</u></b></p> <p><i>For the purposes of this rule, medications do not include topical antiseptic from a first aid kit, diaper cream, sunscreen, baby powder, or baby lotion.</i></p> <p><i>If a center has one medication form that includes both the medication permission items required in this rule, and the medication administration items required in (7)(e), the center will be considered in compliance with both rules if all of the required information from (4) and (7)(e) appears somewhere on the form.</i></p> <p><i>Level 1 Noncompliance if a child is given medication without any written permission from the parent.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>	<p><b><u>Enforcement</u></b></p> <p><i>For the purposes of this rule, medications do not include topical antiseptic from a first aid kit, diaper cream, sunscreen, baby powder, <u>baby</u> lotion, <u>or teething gel</u>.</i></p> <p><i>If a center has one medication form that includes both the medication permission items required in this rule, and the medication administration items required in (7)(e), the center will be considered in compliance with both rules if all of the required information from (4) and (7)(e) appears somewhere on the form.</i></p> <p><i>Level 1 Noncompliance if a child is given medication without any written permission from the parent.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>
<b>R430-100-18. NAPPING.</b>	
<p><b>(10) The provider shall space cribs, cots, and mats a minimum of 2 feet apart when in use, to allow for adequate ventilation, easy access, and ease of exiting.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The American Academy of Pediatrics and the American Public Health Association recommend a distance of at least 3 feet between children's sleeping equipment, to reduce the spread of infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary to facilitate evacuation of sleeping children in case of an emergency. CFOC, pgs. 246-247 Standard 5.144</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If a classroom does not have the space needed to place mats or cots 2 feet apart, mats may be placed 1 foot apart and children placed head to toe on alternating mats so that they are not breathing into each other's faces, and there are at least 2 feet of space between their faces. When this is done, there must still be at least 1 foot of</i></p>	<p><b>(10) The provider shall space cribs, cots, and mats a minimum of 2 feet apart when in use, to allow for adequate ventilation, easy access, and ease of exiting.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The American Academy of Pediatrics and the American Public Health Association recommend a distance of at least 3 feet between children's sleeping equipment, to reduce the spread of infectious diseases by children breathing in one another's faces during sleep. Adequate spacing between sleeping equipment is also necessary to facilitate evacuation of sleeping children in case of an emergency. CFOC, pgs. 246-247 Standard 5.144</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If a classroom does not have the space needed to place mats or cots 2 feet apart, mats may be placed 1 foot apart and children placed head to toe on alternating mats so that they are not breathing into each other's faces, and there are at least 2 feet of space between their faces. When this is done, there must still be at least 1 foot of</i></p>

5/7/05 Version	3/13/08 Version
<p>space between mats or cots to allow an adult to access children quickly in case of an emergency evacuation, and <b>rows</b> of mats or cots still need to be placed 2 feet apart, so that children from one row are not breathing less than 2 feet from the faces of the children in the row above or below them.</p> <p>Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc), so that children do not breath on each other. When this is done enough space must still be maintained on at least one side of the crib for caregivers to have quick and easy access to children in case of an emergency.</p> <p>Level 2 Noncompliance: If there is not at least 1 foot between cribs, mats, or cots.</p> <p>Level 3 Noncompliance: If there is at least 1 foot between the sleeping equipment, but children's faces are not 2 feet apart.</p>	<p>space between mats or cots to allow an adult to access children quickly in case of an emergency evacuation, and <b>rows</b> of mats or cots still need to be placed 2 feet apart, so that children from one row are not breathing less than 2 feet from the faces of the children in the row above or below them.</p> <p>Cribs may be spaced end to end if the end of the crib is solid (wood, plexiglass, etc), so that children do not breath on each other. <u>When the end of the crib is not solid, the center may hang a blanket over the side or end of the crib to serve the same function, provided the blanket entirely covers the side or end of the crib.</u> When this is done enough space must still be maintained on at least one side of the crib for caregivers to have quick and easy access to children in case of an emergency.</p> <p>Level 2 Noncompliance: If there is not at least 1 foot between cribs, mats, or cots.</p> <p>Level 3 Noncompliance: If there is at least 1 foot between the sleeping equipment, but children's faces are not 2 feet apart.</p>
<b>R430-100-20. ACTIVITIES.</b>	
<p>(1) The provider shall post a daily schedule for preschool and school-age groups. The daily schedule shall include, at a minimum, meal, snack, nap/rest, and outdoor play times.</p> <p>(2) Daily activities shall include outdoor play if weather permits.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p>All child care facilities need a written description of the planned daily activities so staff and parents have a common understanding of the services and activities being provided to children. CFOC, pg. 47 Standard 2.001</p> <p>Outdoor play is not only an opportunity for learning in a different environment. It also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. CFOC, pgs. 51-52 Standard 2.009</p>	<p>(1) The provider shall post a daily schedule for preschool and school-age groups. The daily schedule shall include, at a minimum, meal, snack, nap/rest, and outdoor play times.</p> <p>(2) Daily activities shall include outdoor play if weather permits.</p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p>All child care facilities need a written description of the planned daily activities so staff and parents have a common understanding of the services and activities being provided to children. CFOC, pg. 47 Standard 2.001</p> <p>Outdoor play is not only an opportunity for learning in a different environment. It also provides many health benefits. Generally, infectious disease organisms are less concentrated in outdoor air than in indoor air. Light exposure of the skin to sunlight promotes the production of vitamin D that growing children require. Open spaces in outdoor areas encourage children to develop gross motor skills and fine motor play in ways that are difficult to duplicate indoors. CFOC, pgs. 51-52 Standard 2.009</p>

5/7/05 Version	3/13/08 Version
<p><i>The posted daily schedule also allows licensors to verify that meals and snacks are served at minimal required intervals, that scheduled nap times do not exceed 2 hours, and that outdoor play is offered daily, weather permitting.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If the center posts all of the daily schedules together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, the center will be considered in compliance with this rule.</i></p> <p><i>If there is a daily schedule posted for the majority of the rooms where it is required (preschool and school-age), and is available for those rooms where it is not posted, the center will be considered in compliance with (1).</i></p> <p><i>School-age groups do not need to have a scheduled nap time, but should have a scheduled time for quiet activities for children who need a break from busier activities.</i></p> <p><i>On days when air quality is poor along the Wasatch Front due to a winter inversion, children are not required to have outdoor play time.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p><i>The posted daily schedule also allows licensors to verify that meals and snacks are served at minimal required intervals, that scheduled nap times do not exceed 2 hours, and that outdoor play is offered daily, weather permitting.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If the center posts all of the daily schedules together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, the center will be considered in compliance with this rule.</i></p> <p><i>If there is a daily schedule posted for the majority of the rooms where it is required (preschool and school-age), and is available for those rooms where it is not posted, the center will be considered in compliance with (1).</i></p> <p><b><u>If a center has a variance for a combined toddler-tuos class, the class does not need a posted daily schedule.</u></b></p> <p><i>School-age groups do not need to have a scheduled nap time, but should have a scheduled time for quiet activities for children who need a break from busier activities.</i></p> <p><i>On days when air quality <b>is rated poor/red</b> due to a winter inversion, children are not required to have outdoor play time.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>
<p><b>(3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities in preschool and school age groups.</b></p> <p><b>(4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to ensure that providers have a plan for supporting children's healthy development, and they communicate this plan to parents.</i></p>	<p><b>(3) The provider shall offer activities to support each child's healthy physical, social-emotional, and cognitive-language development. The provider shall post a current activity plan for parent review listing these activities in preschool and school age groups.</b></p> <p><b>(4) The provider shall make the toys and equipment needed to carry out the activity plan accessible to children.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purpose of this rule is to ensure that providers have a plan for supporting children's healthy development, and they communicate this plan to parents.</i></p>

5/7/05 Version	3/13/08 Version
<p><i>Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, pg. 47 Standard 2.001; pgs. 54-58 Standards 2.014–2.026</i></p> <p><i>Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If the center posts all of the activity plans together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, the center will be considered in compliance with this rule.</i></p> <p><i>If there is an activity plan posted for the majority of the rooms where it is required (preschool and school-age), and is available for those rooms where it is not posted, the center will be considered in compliance with (3).</i></p> <p><i>The specific activities or kinds of activities a center offers to support children's healthy development are to be determined solely by the licensee, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider. Licensors may not evaluate the content of a center's activity plans.</i></p> <p><i>This rule will be considered out of compliance if the provider doesn't have a current</i></p>	<p><i>Reviews of children's performance after attending out-of-home child care indicate that children attending facilities with a well-developed plan of activities achieve appropriate levels of development. CFOC, pg. 47 Standard 2.001; pgs. 54-58 Standards 2.014–2.026</i></p> <p><i>Research in early brain development has demonstrated the importance of offering children repeated and varied activities in the first ten years of life. A stimulating environment that engages children in a variety of activities can improve the quality of their brain functioning. Scientists have learned that different regions of the cortex increase in size when they are exposed to stimulating conditions, and the longer the exposure, the more they grow. Children who do not receive appropriate nurturing or stimulation during developmental prime times are at heightened risk for developmental delays and impairments. Rethinking the Brain, by Rima Shore; Ten Things Every Child Needs for the Best Start in Life, the Robert T. McCormick Tribune Foundation; How a Child's Brain Develops and What it Means for Child Care and Welfare Reform, Time, February 3, 1997.</i></p> <p><b><u>Enforcement</u></b></p> <p><i>If the center posts all of the activity plans together in one place, such as on a parent bulletin board at the front of the center, rather than in the individual classrooms, the center will be considered in compliance with this rule.</i></p> <p><b><u>If a center has a variance for a combined toddler-tuos class, the class does not need a posted activity plan.</u></b></p> <p><i>If there is an activity plan posted for the majority of the rooms where it is required (preschool and school-age), and is available for those rooms where it is not posted, the center will be considered in compliance with (3).</i></p> <p><i>The specific activities or kinds of activities a center offers to support children's healthy development are to be determined solely by the licensee, as Utah law prohibits the Department of Health from regulating the educational curricula, academic methods, or educational philosophy or approach of the provider. Licensors may not evaluate the content of a center's activity plans.</i></p> <p><i>This rule will be considered out of compliance if the provider doesn't have a current</i></p>

5/7/05 Version	3/13/08 Version
<p>activity plan posted, or does make the materials needed to carry out the activity plan accessible to children.</p> <p>Level 2 Noncompliance: If activities or materials are not offered.</p> <p>Level 3 Noncompliance: If activities and materials are offered, but an activity plan is not posted.</p>	<p>activity plan posted, or does <u>not</u> make the materials needed to carry out the activity plan accessible to children.</p> <p><u>Always Level 2 Noncompliance.</u></p>
<p><b>(5) If off-site activities are offered:</b>  <b>(c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;</b></p> <p><u>Rationale / Explanation</u></p> <p>Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028</p> <p>Injuries are more likely to occur during off-site activities when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC, pgs. 60-61 Standard 2.029</p> <p>For a full rationale /explanation of the required caregiver to child ratios, see R430-100-11(4) above.</p> <p><u>Enforcement</u></p> <p>Supervision:  Always Level 1 Noncompliance.</p>	<p><b>(5) If off-site activities are offered:</b>  <b>(c) the provider shall maintain required caregiver to child ratios and direct supervision during the activity;</b></p> <p><u>Rationale / Explanation</u></p> <p>Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision as well as rescue in an emergency, a caregiver must be able to see and hear the children. Staff should regularly assess the environment to see how their ability to see and hear children during activities might be improved. Many instances have been reported in which a child was hidden when the group was moving to another location, or a child wandered off when a door was open. Regular counting of children can alert the staff to a missing child. CFOC, pgs. 58-59 Standard 2.028</p> <p>Injuries are more likely to occur during off-site activities when a child's surrounding or routine changes. Activities outside of the regular facility may pose increased risk for injury. When children are excited or busy playing in unfamiliar areas, they are more likely to forget safety measures unless they are closely supervised at all times. CFOC, pgs. 60-61 Standard 2.029</p> <p>For a full rationale /explanation of the required caregiver to child ratios, see R430-100-11(4) above.</p> <p><u>Enforcement</u></p> <p>Supervision:  Always Level 1 Noncompliance.</p>

5/7/05 Version	3/13/08 Version
<p>Ratios:</p> <p>Level 1 Noncompliance:</p> <p>    Infant/toddler groups: over ratio by any amount</p> <p>    Twos: over ratio by 2 or more children</p> <p>    Threes &amp; Fours: over ratio by 4 or more children</p> <p>    Fives &amp; School Age: over ratio by 6 or more children</p> <p>Level 2 Noncompliance:</p> <p>    Twos: over ratio by 1 child</p> <p>    Threes &amp; Fours: over ratio by 3 children</p> <p>    Fives &amp; School Age: over ratio by 4-5 children</p> <p>Level 3 Noncompliance:</p> <p>    Threes &amp; Fours: over ratio by 1-2 children</p> <p>    Fives &amp; School Age: over ratio by 1-3 children</p>	<p>Ratios:</p> <p><u>Noncompliance levels for ratios are the same as those specified in Section 11 for rules R430-11(4) and (6).</u></p>
<b>R430-100-21. TRANSPORTATION.</b>	
<p>(1) Any vehicle used for transporting children shall:</p> <p>    (a) be enclosed;</p> <p><u>Rationale / Explanation</u></p> <p><i>The purpose of this rule is to ensure that children are not at risk for falling out of an open vehicle while it is in motion, or being thrown from the vehicle in an accident.</i></p> <p><u>Enforcement</u></p> <p><i>Always Level 2 Noncompliance.</i></p>	<p>(1) Any vehicle used for transporting children shall:</p> <p>    (a) be enclosed;</p> <p><u>Rationale / Explanation</u></p> <p><i>The purpose of this rule is to ensure that children are not at risk for falling out of an open vehicle while it is in motion, or being thrown from the vehicle in an accident.</i></p> <p><u>Enforcement</u></p> <p><u>Enclosed means that the vehicle has a top/roof. It does not mean the windows must be rolled up.</u></p> <p><i>Always Level 2 Noncompliance.</i></p>
<p>(1) Any vehicle used for transporting children shall:</p> <p>    (e) maintain temperatures between 60-90 degrees Fahrenheit when in use;</p> <p><u>Rationale / Explanation</u></p> <p><i>Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using</i></p>	<p>(1) Any vehicle used for transporting children shall:</p> <p>    (e) maintain temperatures between 60-90 degrees Fahrenheit when in use;</p> <p><u>Rationale / Explanation</u></p> <p><i>Some children have problems with temperature variations. Whenever possible, opening windows to provide fresh air to cool a hot interior is preferable before using</i></p>

5/7/05 Version	3/13/08 Version
<p><i>air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. Temperatures in hot cars can reach dangerous levels within 15 minutes. CFOC, pgs. 60-61 Standard 2.029; pg. 276 Standard 5.238</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Level 2 Noncompliance: If the temperature in a vehicle is 100 degrees Fahrenheit or higher, or 0 degrees Fahrenheit or lower.</i></p>	<p><i>air conditioning. Over-use of air conditioning can increase problems with respiratory infections and allergies. Excessively high temperatures in vehicles can cause neurological damage in children. Temperatures in hot cars can reach dangerous levels within 15 minutes. CFOC, pgs. 60-61 Standard 2.029; pg. 276 Standard 5.238</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Level 2 Noncompliance: If the temperature in a vehicle is 100 degrees Fahrenheit or higher, or 0 degrees Fahrenheit or lower.</i></p> <p><b><u>Level 3 Noncompliance otherwise.</u></b></p>
<b>R430-100-22. ANIMALS.</b>	
<p><b>(3) All animals at the facility shall have current immunizations for all vaccine preventable diseases that are transmissible to humans. The center shall have documentation of the vaccinations.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, pg. 112 Standard 3.044</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Licensors should look for documentation of rabies vaccinations to verify compliance with this rule.</i></p> <p><i>Always Level 1 Noncompliance.</i></p>	<p><b>(3) All animals at the facility shall have current immunizations for all vaccine preventable diseases that are transmissible to humans. The center shall have documentation of the vaccinations.</b></p> <p><b><u>Rationale / Explanation</u></b></p> <p><i>Animals, including pets, can be a source of illness for people; likewise, people may be a source of illness for animals. The purpose of this rule is to prevent the spread of disease through contact with dirty or ill animals, and to prevent children from being bitten or otherwise injured by a sick animal. CFOC, pg. 112 Standard 3.044</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Licensors should look for documentation of rabies vaccinations to verify compliance with this rule.</i></p> <p><i>Always Level 1 Noncompliance.</i></p> <p><b><u>If the center indicates an animal has not been vaccinated, this rule should be cited. If the center indicates an animal has been vaccinated, but they cannot find the record of it during an on-site visit, cite R430-100-9(1)(b) only as being out of compliance. If the provider still does not have the required record(s) on the follow-up visit, cite this rule.</u></b></p>

5/7/05 Version	3/13/08 Version
<b>R430-100-23. DIAPERING.</b>	
<p><b>(4) The diapering surface shall be smooth, waterproof, and in good repair.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and disinfected, in order to prevent the spread of disease-causing agents. It is difficult, if not impossible, to disinfect porous surfaces or surfaces that cannot be completely cleaned. CFOC, pgs. 96-97 Standard 3.019; pgs. 242-243 Standard 5.133</i></p> <p><u><b>Enforcement</b></u></p> <p><i>A smooth waterproof surface means one that does not absorb liquid or retain soil.</i></p> <p><i>Level 2 Noncompliance, unless there is only a minor crack in the surface, and the crack is not where the child would normally lay while having a diaper changed.</i></p> <p><i>Level 3 Noncompliance: If there is only a minor crack in the surface, and the crack is not where the child would normally lay while having a diaper changed.</i></p>	<p><b>(4) The diapering surface shall be smooth, waterproof, and in good repair.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to ensure that diapering surfaces can be adequately cleaned and disinfected, in order to prevent the spread of disease-causing agents. It is difficult, if not impossible, to disinfect porous surfaces or surfaces that cannot be completely cleaned. CFOC, pgs. 96-97 Standard 3.019; pgs. 242-243 Standard 5.133</i></p> <p><u><b>Enforcement</b></u></p> <p><i>A smooth waterproof surface means one that does not absorb liquid or retain soil.</i></p> <p><u><b>Level 1 Noncompliance: if the diapering surface is not made of a waterproof material.</b></u></p> <p><u><b>Level 2 Noncompliance otherwise.</b></u></p>
<p><b>(5) The provider shall post diapering procedures at each diapering station and ensure that they are followed.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures, in order to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pg. 96 Standard 3.018; pg. 412, Appendix D</i></p> <p><i>The American Academy of Pediatrics and the American Public Health Association recommend the following diapering procedures:</i></p> <ol style="list-style-type: none"> <li><i>Before you bring the child to the diaper changing area, wash your hands and bring the supplies you will need to the diaper changing area, including: a clean diaper, clean clothes (if needed), wipes removed from the container, disposable gloves (if you will use them), and diaper cream on a</i></li> </ol>	<p><b>(5) The provider shall post diapering procedures at each diapering station and ensure that they are followed.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to ensure that all caregivers are aware of and follow correct diaper changing procedures, in order to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pg. 96 Standard 3.018; pg. 412, Appendix D</i></p> <p><i>The American Academy of Pediatrics and the American Public Health Association recommend the following diapering procedures:</i></p> <ol style="list-style-type: none"> <li><i>Before you bring the child to the diaper changing area, wash your hands and bring the supplies you will need to the diaper changing area, including: a clean diaper, clean clothes (if needed), wipes removed from the container, disposable gloves (if you will use them), and diaper cream on a</i></li> </ol>

5/7/05 Version	3/13/08 Version
<p>tissue or paper towel.</p> <ol style="list-style-type: none"> <li>2. Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.</li> <li>3. Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the soiled wipes into the soiled diaper, or directly into a plastic-lined, hands-free covered container.</li> <li>4. Fold the soiled diaper surface inward, and put the soiled diaper into a plastic-lined, hands-free covered container. If reusable cloth diapers are used, put the soiled diaper and its contents, without rinsing, into a plastic bag or a plastic-lined, hands-free covered container.</li> <li>5. If gloves were used, remove them and put them into a plastic-lined, hands-free covered container.</li> <li>6. Use a disposable wipe to clean the caregivers hands, and another wipe to clean the child's hands. Put the soiled wipes into a plastic-lined, hands-free covered container.</li> <li>7. Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in a plastic-lined, hands-free covered container, then fasten the diaper.</li> <li>8. Wash the child's hands and return them to the group.</li> <li>9. Clean and disinfect the diaper changing surface.</li> <li>10. Wash your hands.</li> </ol>	<p>tissue or paper towel.</p> <ol style="list-style-type: none"> <li>2. Carry the child to the changing table, keeping soiled clothing away from you and from any surface that cannot be easily cleaned and disinfected.</li> <li>3. Unfasten the soiled diaper but leave it under the child. Lift the child's legs as needed and use the disposable wipes to clean the child, wiping from front to back, using a fresh wipe each time. Put the soiled wipes into the soiled diaper, or directly into a plastic-lined, hands-free covered container.</li> <li>4. Fold the soiled diaper surface inward, and put the soiled diaper into a plastic-lined, hands-free covered container. If reusable cloth diapers are used, put the soiled diaper and its contents, without rinsing, into a plastic bag or a plastic-lined, hands-free covered container.</li> <li>5. If gloves were used, remove them and put them into a plastic-lined, hands-free covered container.</li> <li>6. Use a disposable wipe to clean the caregivers hands, and another wipe to clean the child's hands. Put the soiled wipes into a plastic-lined, hands-free covered container.</li> <li>7. Slide a clean diaper under the child and use the tissue or paper towel to apply any necessary diaper cream. Dispose of the tissue or paper towel in a plastic-lined, hands-free covered container, then fasten the diaper.</li> <li>8. Wash the child's hands and return them to the group.</li> <li>9. <u>Clean the diaper changing surface.</u></li> <li>10. <u>Sanitize the diaper changing surface.</u></li> <li>11. Wash your hands.</li> </ol>
<p><b><u>Enforcement</u></b></p> <p><i>If the provider's posted diapering procedure includes additional steps that are not required by rule, the center will be considered in compliance if the provider follows all of the steps required by rule. The center will not be found out of compliance if the caregiver fails to follow an additional posted instruction that the rules do not require the provider to follow.</i></p> <p><i>Level 2 Noncompliance: If correct diapering procedures, as required in R430-100-23(6), (7) and (8), are not followed.</i></p> <p><i>Level 3 Noncompliance: If posted procedures that go above and beyond R430-100-23(6), (7), and (8) are not followed. Or, there is nothing posted, but the procedures</i></p>	<p><b><u>Enforcement</u></b></p> <p><i>If the provider's posted diapering procedure includes additional steps that are not required by rule, the center will be considered in compliance if the provider follows all of the steps required by rule. The center will not be found out of compliance if the caregiver fails to follow an additional posted instruction that the rules do not require the provider to follow.</i></p> <p><i>Level 2 Noncompliance: If correct diapering procedures, as required in R430-100-23(6), (7) and (8), are not followed.</i></p> <p><i>Level 3 Noncompliance: If posted procedures that go above and beyond R430-100-23(6), (7), and (8) are not followed. Or, there is nothing posted, but the procedures</i></p>

5/7/05 Version	3/13/08 Version
required in R430-100-23(6), (7), and (8) are followed.	required in R430-100-23(6), (7), and (8) are followed.
<p><b>(6) Caregivers shall clean and disinfect the diapering surface after each diaper change.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pgs. 96-97 Standard 3.019</i></p> <p><u><b>Enforcement</b></u></p> <p><i>Centers who use a commercial disinfectant, such as quaternary solutions, are required to leave the disinfectant on the diapering surface for two minutes.</i></p> <p><i>The diapering surface must first be cleaned, before the disinfectant solution is sprayed and left to sit on the surface for two minutes.</i></p> <p><i>Level 1 Noncompliance if there are visible feces left on the diapering surface after a diaper change.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>	<p><b>(6) Caregivers shall clean and disinfect the diapering surface after each diaper change.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pgs. 96-97 Standard 3.019</i></p> <p><u><b>Enforcement</b></u></p> <p><u><i>After each diaper change, the diapering surface must first be cleaned, before the sanitizing solution is applied.</i></u></p> <p><u><i>Centers should follow the label directions for the product they are using to sanitize the diapering surface. If the center uses bleach water, it must be sprayed on the diapering surface after it has been cleaned, and allowed to sit for 2 minutes in order to sanitize the surface.</i></u></p> <p><i>Level 1 Noncompliance if there are visible feces left on the diapering surface after a diaper change.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>
<p><b>(7) Caregivers shall wash their hands before and after each diaper change.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pgs. 97-98 Standard 3.020</i></p> <p><u><b>Enforcement</b></u></p> <p><i>Caregivers only need to wash their hands before a diaper change if they have just changed another child or helped another child use the toilet. When this is the case, the caregiver needs to wash her or his hands once between each diaper change or toileting.</i></p>	<p><b>(7) Caregivers shall wash their hands before and after each diaper change.</b></p> <p><u><a href="#">Rationale / Explanation</a></u></p> <p><i>The purpose of this rule is to prevent the spread of disease-causing agents. CFOC, pgs. 93-95 Standard 3.014; pgs. 97-98 Standard 3.020</i></p> <p><u><b>Enforcement</b></u></p> <p><i>Caregivers only need to wash their hands before a diaper change if they have just changed another child or helped another child use the toilet. When this is the case, the caregiver needs to wash her or his hands once between each diaper change or toileting.</i></p>

5/7/05 Version	3/13/08 Version
<p><i>If handwashing does not take place before or after diapering changes, cite R430-100-16(1), not this rule.</i></p> <p><i>Level 1 Noncompliance: If a caregiver does not wash his/her hands after a diaper change when the diaper was soiled with feces.</i></p> <p><i>Level 2 Noncompliance: If a caregiver does not wash his/her hands before a diaper change, or after a diaper change when the diaper was only wet, but not soiled with feces.</i></p>	<p><u><i>If handwashing does not take place before or after diapering changes cite this rule, not R430-100-16(1).</i></u></p> <p><i>Level 1 Noncompliance: If a caregiver does not wash his/her hands after a diaper change when the diaper was soiled with feces.</i></p> <p><i>Level 2 Noncompliance: If a caregiver does not wash his/her hands before a diaper change, or after a diaper change when the diaper was only wet, but not soiled with feces.</i></p>
<b>R430-100-24. INFANT AND TODDLER CARE.</b>	
<p><b>(4) The provider shall clean and sanitize high chair trays prior to each use.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. CFOC, pgs. 165-166 Standard 4.019</i></p> <p><u><b>Enforcement</b></u></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p><b>(4) The provider shall clean and sanitize high chair trays prior to each use.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>The purpose of this rule is to prevent the spread of disease. Clean food service surfaces prevent the spread of microorganisms that can cause disease. CFOC, pgs. 165-166 Standard 4.019</i></p> <p><u><b>Enforcement</b></u></p> <p><u><i>If an infant is in a high chair playing with toys and puts a toy in their mouth and back on the tray, the tray needs to be sanitized before it is used by another child.</i></u></p> <p><u><i>Always Level 2 Noncompliance.</i></u></p>
<p><b>(5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than ½ inch in diameter.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. CFOC, pgs. 168-169, Standards 4.037, 4.038</i></p>	<p><b>(5) The provider shall cut solid foods for infants into pieces no larger than 1/4 inch in diameter. The provider shall cut solid foods for toddlers into pieces no larger than ½ inch in diameter.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>These guidelines are recommended by the American Academy of Pediatrics and the American Public Health Association to prevent choking, because infants are not able to chew, and toddlers often swallow pieces of food whole without chewing. CFOC, pgs. 168-169, Standards 4.037, 4.038</i></p>

5/7/05 Version	3/13/08 Version
<p><b><u>Enforcement</u></b></p> <p><i>For the purpose of this rule, solid foods do not include items such as crackers, cookies, teething biscuits, or sandwiches. Examples of solid foods that should be cut into small pieces include hot dogs, grapes, cheese chunks, fruit chunks, or other solid foods a child might try to swallow whole and choke on.</i></p> <p><i>Level 1 Noncompliance: If food is not cut into the required size and a child chokes on it.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>	<p><b><u>Enforcement</u></b></p> <p><i>For the purpose of this rule, solid foods do not include items such as crackers, cookies, <b>muffins, cupcakes</b>, teething biscuits, or sandwiches. Examples of solid foods that should be cut into small pieces include hot dogs, grapes, cheese chunks, fruit <b>or vegetable</b> chunks, or other solid foods a child might try to swallow whole and choke on.</i></p> <p><i>Level 1 Noncompliance: If food is not cut into the required size and a child chokes on it.</i></p> <p><i>Level 2 Noncompliance otherwise.</i></p>
<p><b>(6) Baby food, infant formula, and breast milk for infants that is brought from home for an individual child's use must be:</b></p> <ul style="list-style-type: none"> <li><b>(a) labeled with the child's name;</b></li> <li><b>(b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;</b></li> <li><b>(c) kept refrigerated if needed; and</b></li> <li><b>(d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.</b></li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purposes of this rule are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction), and to ensure that children do not become ill from eating spoiled food. CFOC, pgs. 158-160 Standards 4.015, 4.016, 4.017, 4.021</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Breast milk that collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up 24 hours, after which, it should be discarded.</i></p>	<p><b>(6) Baby food, infant formula, and breast milk for infants that is brought from home for an individual child's use must be:</b></p> <ul style="list-style-type: none"> <li><b>(a) labeled with the child's name;</b></li> <li><b>(b) labeled with the date and time of preparation or opening of the container, such as a jar of baby food;</b></li> <li><b>(c) kept refrigerated if needed; and</b></li> <li><b>(d) discarded within 24 hours of preparation or opening, except that powdered formula or dry foods which are opened, but are not mixed, are not considered prepared.</b></li> </ul> <p><b><u>Rationale / Explanation</u></b></p> <p><i>The purposes of this rule are to ensure that a child is not accidentally fed another child's food (which can lead to an allergic reaction), and to ensure that children do not become ill from eating spoiled food. CFOC, pgs. 158-160 Standards 4.015, 4.016, 4.017, 4.021</i></p> <p><b><u>Enforcement</u></b></p> <p><i>Breast milk that is collected and frozen immediately after collection is not considered "prepared" or "opened", and can be stored in the freezer for up to 2 weeks, after which, it should be discarded. Breast milk that is not frozen (i.e., just collected or just thawed), but has not yet been fed to a child can be stored in a refrigerator (at 40 degrees) for up 24 hours, after which, it should be discarded.</i></p>

5/7/05 Version	3/13/08 Version
<p><i>Level 1 Noncompliance: If failure to follow this rule results in a child being served food they are allergic to, or spoiled food.</i></p> <p><i>Level 3 Noncompliance otherwise.</i></p>	<p><u><i>If a parent brings their child to the center with a bottle already prepared, the center should document the time the bottle arrived at the center as the time of preparation.</i></u></p> <p><u><i>Powdered formula or dry food such as cereal that is brought from home should be labeled with the child's name. It does not have to be labeled with the date and time the container is opened.</i></u></p> <p><i>Level 1 Noncompliance: If failure to follow this rule results in a child being served food they are allergic to, or spoiled food.</i></p> <p><i>Level 3 Noncompliance otherwise.</i></p>
<p><b>(9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. CFOC, pg. 109 Standard 3.037</i></p> <p><u><b>Enforcement</b></u></p> <p><i>If a center brings cups for children into the room when each meal is served, and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.</i></p> <p><i>If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.</i></p> <p><i>Always Level 3 Noncompliance.</i></p>	<p><b>(9) Pacifiers, bottles, and non-disposable drinking cups shall be labeled with each child's name, and shall not be shared.</b></p> <p><u><b>Rationale / Explanation</b></u></p> <p><i>The purpose of this rule is to prevent the spread of disease among children that can result from sharing these items. CFOC, pg. 109 Standard 3.037</i></p> <p><u><b>Enforcement</b></u></p> <p><i>If a center brings cups for children into the room when each meal is served, and removes the cups from the room immediately after the meal to clean and sanitize them (so that the cups are only in the room during the meal), the cups do not need to be labeled with each child's name.</i></p> <p><i>If a pacifier is too small to be labeled with a child's full name, it can be labeled with the child's initials.</i></p> <p><u><i><b>A center may use color coded pacifiers, bottles, or cups instead of labeling them with the child's name, if each child is assigned a different color, and there is a chart visible showing which color is assigned to each child.</b></i></u></p> <p><i>Always Level 3 Noncompliance.</i></p>